

HUMANITARIAN NEEDS AND PRIORITIES REVISION
SUPER TYPHOON RAI (ODETTE)
PHILIPPINES

DEC 2021-
JUN 2022

ISSUED
2 Feb 2022

Photo: CRS/J. Guillermo



At a Glance

PEOPLE IN SEVERELY AFFECTED AREAS

16M

PEOPLE IN NEED OF ASSISTANCE

2.4M

PEOPLE TARGETED FOR ASSISTANCE

840K

NUMBER OF ORGANIZATIONS

70

FUNDING REQUESTED

\$169M

SO
1

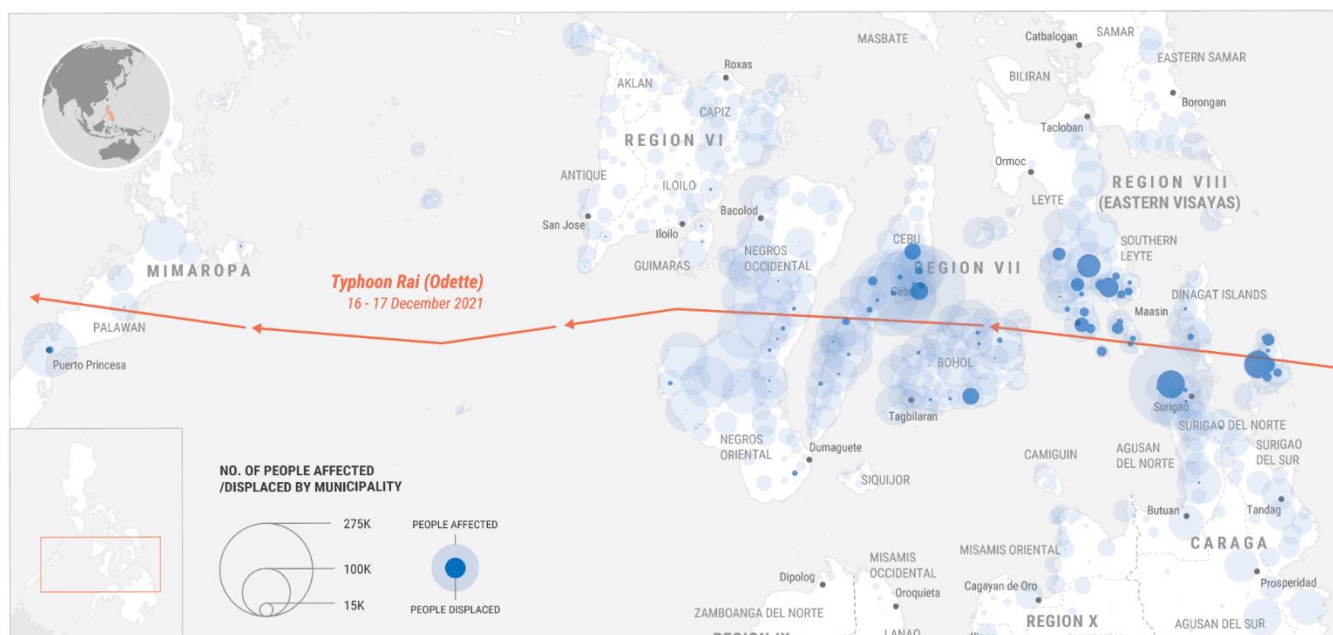
Save lives by providing immediate, integrated humanitarian assistance and protection to those in the most urgent need;

SO
2

Restore livelihoods and access to critical services to promote the rapid recovery of the most affected communities; and

SO
3

Address and advocate the specific needs of groups of people, based on gender, age, disability, displacement or other vulnerability criteria so that they are protected against violence and have equal access to humanitarian aid without discrimination.



PEOPLE DISPLACED



80K
PEOPLE INSIDE EVACUATION CENTRES



64K
PEOPLE OUTSIDE EVACUATION CENTRES

INFRASTRUCTURE



1.7M
DAMAGED HOUSES



98
FLOODED AREAS



379
CITIES AND MUNICIPALITIES WITH POWER OUTAGES (84% RESTORED)

AGRICULTURE



10.2M
HECTARES OF CROPS AFFECTED



\$330M
IN VALUE LOST (US\$)

ESSENTIAL SERVICES



711K
LEARNERS IN NEED



4M
WOMEN OF REPRODUCTIVE AGE AFFECTED

\$169M

FUNDING REQUIRED (US\$)

30.6%













FUNDED

840K

PEOPLE TARGETED

330K

% REACHED

Icon	Category	Funding Required (US\$)	Funded (%)	People Targeted	% Reached
	CCCM	9.8M	19%	40K	510%
	Education	3.9M	8%	199K	5%
	Emerg. Shelter	30.0M	36%	570K	58%
	Emerg. Telecom.	1.0M	40%		
	Food Sec. & Agri.	47.6M	11%	752K	33%
	Health*	14.4M	19%	840K	3.0%
	Nutrition	4.4M		161K	2.0%
	Logistics	4.0M	40%		
	Protection	13.2M	23%	831K	5%
	WASH	29.0M	26%	740K	14%
	Early Recovery	9.0M	13%	275K	3%
	Coordination	1.6M	25%		

* Health sector hopes to provide strategic support to all affected areas that have vulnerable populations from the national level while providing operational support to a smaller population at the local levels.

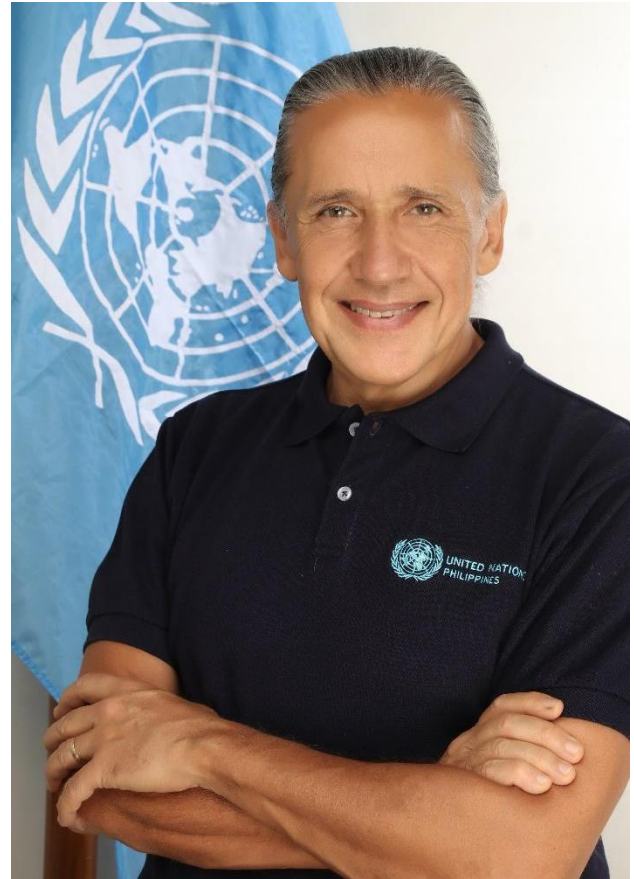
Foreword by the Humanitarian Coordinator

Gustavo González

Resident Coordinator and Humanitarian Coordinator

Just six weeks ago, Super Typhoon Rai, locally known as Odette, made its first landfall on 16 December 2021, bringing torrential rains, violent winds, floods and storm surges to the Visayas and Mindanao Islands. Overnight, the Typhoon left hundreds dead and hundreds of thousands of families homeless. Initial reports showed devastation across many areas of the impacted regions, but it is only over the subsequent weeks that the full scale of damage has come to light. Our initial assessments only hinted at the scale of destruction – nearly 1.7 million houses damaged or destroyed, massive damage to infrastructure, agricultural land, fishing communities and livelihoods across a vast geographic area of the country. In total, the Typhoon severely affected an estimated 9.9 million people across the six worst hit regions, leaving about 2.4 million people in need of assistance. More than a month on nearly 144,000 people remain displaced, and many more are living in damaged shelters with little access to basic services.

I congratulate the Government of the Philippines for their preparedness activities and for their response. The effectiveness of the pre-emptive evacuation of over 800,000 people and clear early warning messaging saved many lives.



Despite a massive and rapid response by the Government and local civil society, the needs are tremendous. People require safe, temporary shelter and repair kits to rebuild their homes. Many of them still require food, potable water and medicines. People need access to sanitation and hygiene facilities. Planned pilots for school reopening have come to a halt, with damage to hundreds of educational facilities. Many people have lost their livelihoods and will require immediate assistance to avoid falling into more critical need. At the same time, Covid-19 has again surge over the past weeks, affecting both disaster-affected people and responders, slowing the response and further burdening an already disrupted medical system.

As the scale of the disaster became clear, the Humanitarian Country Team and partners have worked tirelessly to scale up our efforts and to expand our response to new areas and evolving

needs. Coordination with the National Disaster Risk Reduction and Management Council (NDRRMC) and its operating body, the Office of Civil Defense (OCD), has been critical to timely harmonize operations in the field. Support from the Department of Foreign Affairs (DFA) has also remarkably facilitated the work of the HCT.

In line with the Government's priorities, the HCT plans to increase their target from 530,000 to 840,000 people, and to expand our areas of operation to the worst affected areas of Bohol and Cebu in Region VII, in addition to ongoing work in the worst-affected areas of CARAGA and Region VIII from December 2021 to June 2022. We will also continue to address critical gaps in other areas of Region VI, including Negros Occidental and in Palawan. We hope that the world will continue to extend its support to expand these critical efforts, including the need to further support local Non-Government Organizations (NGOs) and Civil Society Organisations (CSOs) as the backbone of this response. I am mindful of the need to show our commitment to strengthen local response mechanisms with people at the center in all of our plans.

We all are aware that disasters like this disproportionately affect the most vulnerable in our communities, including children, women and girls, women and child-headed households, people with

disabilities, older people, LGBTIQ persons and indigenous peoples. As such, the HCT is committed to integrate the protection needs of these groups, including their discrimination and exposure to sexual and gender-based violence (GBV), as well as their protection from sexual exploitation and abuse (PSEA) in the response.

Even as we remain in the midst of the critical emergency phase of the response, we are working to build the foundations for early recovery and reconstruction to mitigate any long-term impacts on lives and livelihoods in affected regions, where data from ongoing Post-Disaster Need Assessment will help the Government and international financial institutions set the path for recovery. We will work closely with our Government counterparts to learn lessons on how better to align preparedness, disaster risk reduction, humanitarian and development action. We will also ensure that the impacts of climate change are accounted for as we work to rebuild and rethink our approach to dealing with storms and disasters to build a more resilient and sustainable future.

Together with the HCT, I remain committed to augment the Government's relief efforts and stand in solidarity with the people of the Philippines.

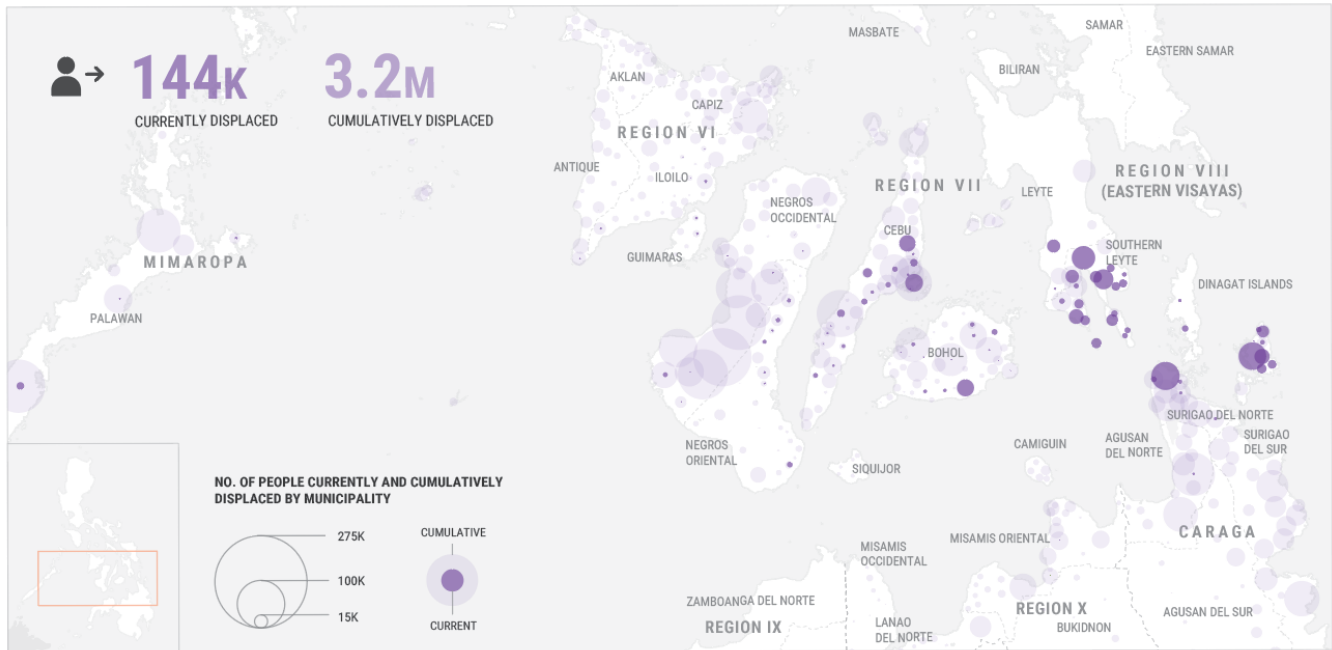
[Gustavo on a field visit in Siargao Island](#)

Photo: UN OCHA/Iris Lapid

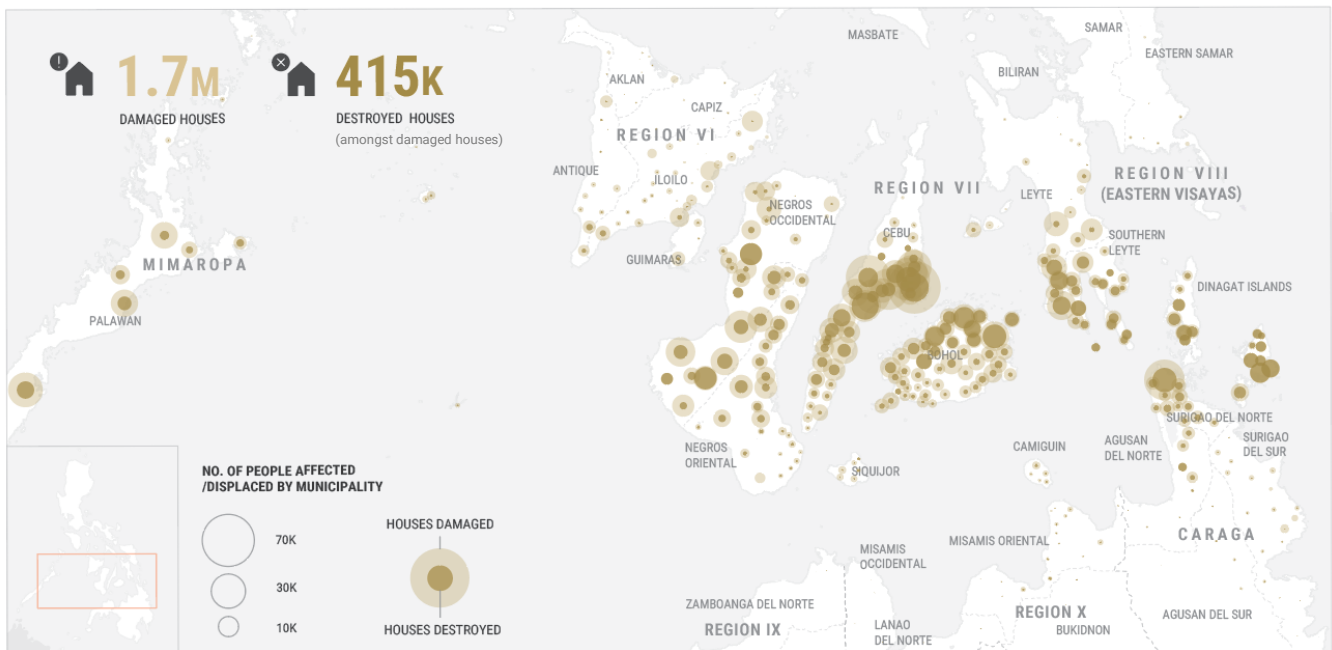


1. Situation Overview

PEOPLE DISPLACED



HOUSING DAMAGES



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Sources: DSWD DROMIC



Limasawa Island, Southern Leyte
Photo: UNOCHA/I. Lapid

Background

Making its first landfall in the afternoon of 16 December 2021, Super Typhoon Rai, locally known as Odette, brought torrential rains, violent winds, mudslides, floods and storm surges to central-southern Philippines, specifically the Visayas and Mindanao Islands, with maximum sustained winds of 195km/h and gustiness of 260km/h.

Contrary to predictions, Rai intensified from a tropical storm to a super typhoon within hours before making landfall. Super Typhoon Rai made nine landfalls in seven provinces, first approaching Siargao (Surigao del Norte) with maximum sustained winds of 195km/h before heading on with similar intensity to Cagdianao (Dinagat Islands), Liloan and Padre Burgos (both in Southern Leyte), President Carlos P. Garcia and Bien Unido (both in Bohol), Carcar (Cebu), La Libertad (Negros Oriental) and Roxas (Palawan). Rai exited the Philippines Area of Responsibility on 18 December as the strongest storm to hit

Mindanao in 10 years and the 3rd ever strongest recorded storm in the Northern Hemisphere.

The Government of the Philippines made significant efforts to protect people and infrastructure, leveraging the investment made since Typhoon Haiyan in improved early warning systems and reinforcing the important leadership role of local officials. The effectiveness of the Government's pre-emptive evacuation of 235,865 families or 826,125 persons to evacuation centers ahead of landfall saved many lives.

The impact of Typhoon Rai is spread across several islands with diverse geographic characteristics and limited resilience. While storms typically make landfall in the southern parts of Luzon or the eastern part of the Visayas, Rai struck regions further south, which do not typically experience the brunt of typhoons. Southern Leyte, one of the worst affected areas, was previously ravaged by Super Typhoon Haiyan (Yolanda) in 2013. Affected are also the economic

hub of Cebu as well as several tourist spots in Siargao and Bohol.

On 20 December, the Government declared the state of calamity in Region IV-B, VI, VII, VIII, X (Northern Mindanao) and XIII for a period of one year. The declaration provides authorities with access to emergency funds and the ability to reprogram other funds for disaster response activities. At the same time, the Government accepted the Humanitarian Country Team's offer of assistance in augmenting locally-led response efforts commensurate to the needs on the ground.

National and local authorities rapidly mounted search, rescue, emergency relief and road clearing operations as soon as weather conditions improved. Humanitarian partners with pre-existing agreements with line ministries quickly supported local response efforts.

Overall Impact

The Typhoon severely affected an estimated 9.9 million people across the six worst hit regions, leaving about 2.4 million people in need of assistance. According to the National Disaster Risk Reduction and Management Council (NDRRMC) and the Department of Social Welfare and Development (DSWD), the Typhoon killed at least 409 people, injuring thousands and cumulatively displacing nearly 3.2M people, of whom around 144,000 remain displaced, and many more are living in damaged shelters with little access to basic services.

With Regions XIII (CARAGA), VI (Western Visayas), VII (Central Visayas), VIII (Eastern Visayas) and IV-B (MIMAROPA) most affected, government reports and rapid assessments suggest that communities in the provinces of Dinagat Islands, Surigao del Norte, Southern Leyte, Bohol and Cebu bore the brunt of the Typhoon. Subsequent assessments have shown severe damage to

housing and shelters, worse than initially projected also across other provinces, including Negros Occidental in Region VI, and Palawan in Region IV-B.

As of 20 January, the number of assessed damaged houses has increased to nearly 1.7 million houses, a massive increase on the initial estimates of around 200,000 houses damaged or destroyed in the initial assessments. Of these, 415,000 are completely destroyed with the most affected provinces being Cebu, Bohol (Region VII) and Surigao del Norte (Region XIII) accounting for 61 per cent of destroyed homes. When the analysis is expanded to include pre-crisis vulnerability based on poverty, urban/rural, typology¹ and weighted building damage severity², the areas of greatest concern for shelter are Dinagat Island, Surigao del Norte (Caraga), Southern Leyte (Region VIII) and Bohol (Region VII). While houses made from light materials were hit the hardest, the Typhoon was so strong at landfall that it also destroyed and damaged houses built with concrete.

Infrastructure

The damage from the Typhoon had a profound impact on infrastructure and basic services. While electricity services are being restored, many locations remain without power and 76 municipalities still have limited access to communications for voice and data even six weeks later. Thirty-six per cent of seaports are not operational, increasing logistics challenges for small islands and geographically isolated areas. As assessments continue, the Government expects that it may take several months to restore essential lifelines.

The Typhoon compromised access to safe water and sanitation facilities, heightening the risk of communicable disease outbreaks. Many affected people are now subsisting on springs and hand

¹ Poverty/ Population density (and urbanity): OCHA 2015

² Number of damaged houses relative to the total number of houses, where totally damaged houses are weighted more than partially damaged houses.

pumps for water, many of which are reported to have been contaminated by flood and sea waters. Many families whose homes have been totally or partially destroyed are reported to lack access to adequate sanitation and hygiene facilities and materials. Those in evacuation centres – many of them schools – are living in congested conditions with limited access to adequate WASH facilities that meet COVID-19 health standards.

At least 220 health facilities have been damaged, and many are running at limited capacity with lack of fuel, medicines and supplies, even as a new wave of Covid-19 is affecting many areas.

Learning continuity is at high risk in the affected areas, which face more obstacles to reopen the schools that have remained closed since March 2020 due to the pandemic. Thirty-six schools had already started in-person classes in Regions VI, VIII, IX and CARAGA and more were preparing to reopen in February 2022. The typhoon has reversed the reopening process, increasing the levels of learning loss already caused by school closures and the risk of permanent drop-outs, neglecting children's right to education. Over 4,000 classrooms have been destroyed and 2 million children's learning has been disrupted, compounding the impact from Covid-19 measures.

Livelihoods

The Typhoon will have a profound and long-lasting impact on the ability of the most vulnerable to support themselves in the short to mid-term. Livelihoods have been lost, particularly of those who depend on farming or fishing to make a living. 462,000 hectares of agricultural land has been affected, impacting food security and livelihoods in ways that may take months or even years to recover.

Partners issued a preliminary assessment on labor and employment indicating that almost 2.2 million workers are estimated to have been directly impacted by the Typhoon. The Typhoon directly affected around one-fifth of all workers in

each of the three most impacted regions: Western Visayas (21 per cent), Eastern Visayas (19.3 per cent) and Central Visayas (18.8 per cent). The devastation risks exacerbating pre-existing labour market challenges for various vulnerable groups. Of the total affected workers, nearly 839,000 (38 percent) are women and likewise young people and older workers face distinct age-related employment challenges.

Protection and Community Engagement

The Typhoon has exacerbated vulnerabilities.

Prior to the Typhoon, many of the cities and municipalities in the worst affected provinces already had a high poverty incidence, categorized as 2nd to 6th class.

Indigenous communities residing in affected areas are particularly poor, malnourished, and lack access to public services, including health care.

Protection risks, including gender-based violence, human trafficking, and other risks have dramatically increased, especially for boys, girls, women and for other vulnerable groups. In evacuation centres there are risks of GBV due to lack of privacy and lack of separate bathrooms. Protection needs remain under-assessed and under-addressed in most areas, with a need to mainstream protection into all elements of the response. People with disabilities are particularly at risk and should be consulted and supported to access basic services.

It is of vital importance to engage with and serve affected communities. Affected people need to be kept informed about available services and aid. Gender equality and the diversity of affected communities have to be addressed when engaging the community. Without access to reliable, timely, accurate information, affected people are unable to make the choices necessary to recover from the disaster and regain their livelihoods.

Covid-19

In the month since the Typhoon, the Philippines has seen a major surge of Covid-19, driven primarily by the Omicron variant – with weekly case numbers going from a one-year low of 833 in a weekly average for the week of 13 December, to an all-time high of 273,600 cases in the week of 19 January.³ The Philippines has about approximately 52 percent people vaccinated. Many people remain at high risk of hospitalization and increased morbidity. Lagging hospitalization and deaths from Covid-19 infections mean that the worst impact of the current surge on the health system is still ahead. The spread of Covid-19 has had a double impact on the response – first on those still in shelters, with damaged housing, or in areas where health care facilities are damaged are more at risk of the impact of Covid-19. Second, with large numbers of first responders and humanitarian actors falling sick, there have been disruptions to the continuity of operations, further slowing the response. Increase in travel restrictions and other measures to slow the spread have knock-on effects on the ability of the humanitarian community to reach those most in need.

In addition to the serious public health consequences, the negative economic impact of the pandemic likely reduces the resiliency of people and their ability to bounce back from losses to private properties and livelihoods. In 2020, measures to contain the pandemic triggered a 9.6 per cent economic contraction, the highest across members of the Association of Southeast Asian Nations (ASEAN), according to the Asian Development Bank. In 2021, the Philippine economy is forecast to rebound and grow by 4.5 per cent. The economic recovery is pending the steady progress in vaccination leading to greater mobility of people and the reopening of businesses, which on the downside

risks the resurgence or renewed escalation of the pandemic.

The way forward

The Government is leading the response through the NDRRMC and related emergency response mechanisms. Humanitarian partners in the country – the United Nations (UN), non-governmental organizations (NGOs), the Red Cross and Red Crescent Movement and the private sector - are augmenting national and local authorities with the typhoon response, building on established partnership agreements and relationships strengthened over years of collaboration.

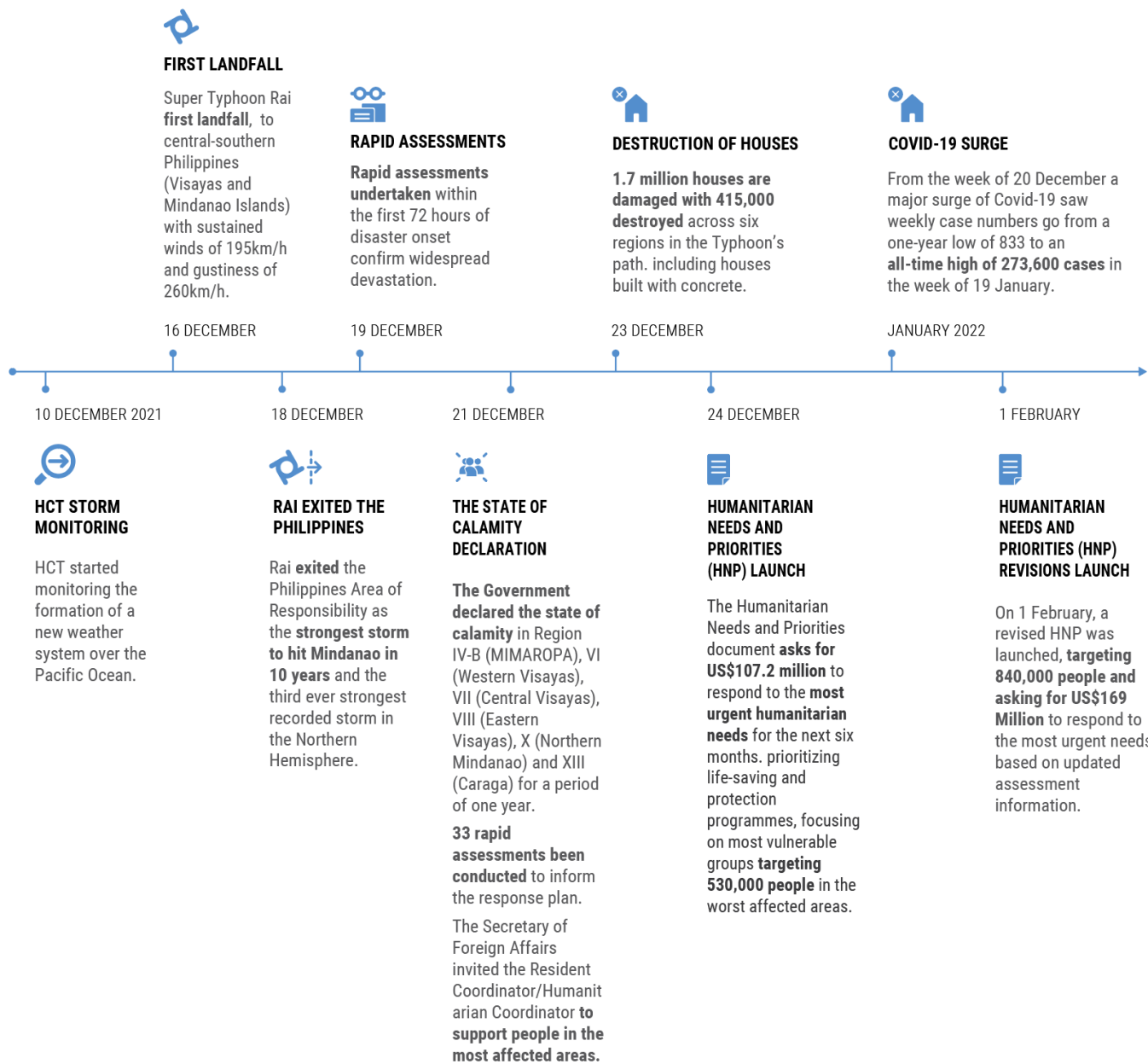
Scaling up humanitarian support is increasingly urgent. According to the Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), La Niña is bringing above normal rains to affected areas, particularly to Leyte and Southern Leyte. To avoid any further hazardous weather exposure, illness and harm to already affected communities, it is important that people are able to restore their homes and livelihoods as quickly as possible and within the next six months before the most active typhoon season between June to September.

The Humanitarian Needs and Priorities document asks for US\$169 million to respond to the most urgent humanitarian needs for six months. The level of priority has been based on results of Government and HCT assessments, particularly damage to homes and infrastructure.

The document prioritizes life-saving and protection programmes, focusing on most vulnerable groups, including displaced persons, host communities, indigenous groups and other affected people. Combining poverty indicators and severe wind strength exposure, the document targets at least 840,000 people in the worst affected areas in CARAGA and Regions VII and VIII, as well as in other hard-hit regions.

³ <https://doh.gov.ph/covid19tracker>

Timeline of events



2. Response strategy

Through this Humanitarian Needs and Priorities plan, the country-based partners under the HCT umbrella will address life-saving and time-critical recovery needs of affected people, especially women, girls and people with disabilities, living in areas hardest hit by Typhoon Rai. In line with the Government's invitation to scale up collective efforts of in-country capacities, partners will

provide coordinated and prioritized multi-sectoral assistance to 840,000 people mostly in the worst-affected areas of CARAGA (Dinagat Islands, Surigao del Norte) and Region VIII (Southern Leyte), and Region VII (Bohol and Cebu), which have been added as priorities in this revision, from December 2021 to June 2022.

Strategic objectives

The Humanitarian Coordinator and the HCT are responsible for the implementation of the activities outlined in this plan, which aims to achieve the following strategic objectives.

1. Save lives by providing immediate, integrated humanitarian assistance and protection to those in the most urgent need;
2. Restore livelihoods and access to critical services to promote the rapid recovery of the most affected communities; and
3. Address and advocate the specific needs of groups of people, based on gender, age, disability, displacement or other vulnerability criteria so that they are protected against violence and have equal access to humanitarian aid without discrimination.

Assistance will be delivered in a manner that minimizes the risk of COVID-19 for disaster-affected people and responders. Necessary measures shall be taken to ensure that the zero-tolerance policy to sexual exploitation and abuse as stipulated in [Secretary-General's Bulletin ST/SGB/2003/13](#) is strictly observed.

Scope of the response

The people targeted by this plan are those who:

- Live with poverty (less than an average PhP9,140 (US\$183) per month for a family of five);
- Endured typhoon's severe wind strength of 185-195km/h;
- Live in 3rd to 6th class cities/municipalities (an average annual income of less than PhP20 million (US\$601,000) and less than PhP10M for municipalities; and
- Situated in areas where the typhoon first made landfall with the greatest ferocity.
- Scale of reported damage to homes and levels of displacement

While the plan focuses on three worst-affected regions, partners may complement the nationally-led response in other locations based on needs, capitalizing on opportunities to invest and respect the role of local actors, reduce costs and increase the reach of assistance.

Coordination

The HCT supports national leadership and government-led coordination structures and is supported by the ICCG comprising the coordinators of 14 humanitarian clusters and sub-clusters, representatives of OCHA, the Philippine Red Cross, international and national NGO networks, private sector, and those leading thematic working groups. The HCT Cluster Co-Leads assist line ministries, who are the Government Cluster Leads, in coordinating aid provided by the humanitarian community. Partners in Mindanao work through the MHT, a sub-national coordination forum mirroring the HCT.

Partners consult authorities at all levels – regional, provincial, municipal and barangay (village) – for detailed response planning, implementation and evaluation. Considering the acute needs arising in Caraga, Region VIII and Region VII, humanitarian coordination hubs are being established in Surigao del Norte and in Southern Leyte provinces to complement the Government’s coordination efforts. Additional hubs may be set up according to evolving needs.

Civil-military coordination remains critical, given the key role the military has in the Philippines disaster response structure, including conducting search, rescue and retrieval, medical missions, and providing logistical support for relief items.

Access, Operational response capacity and constraints

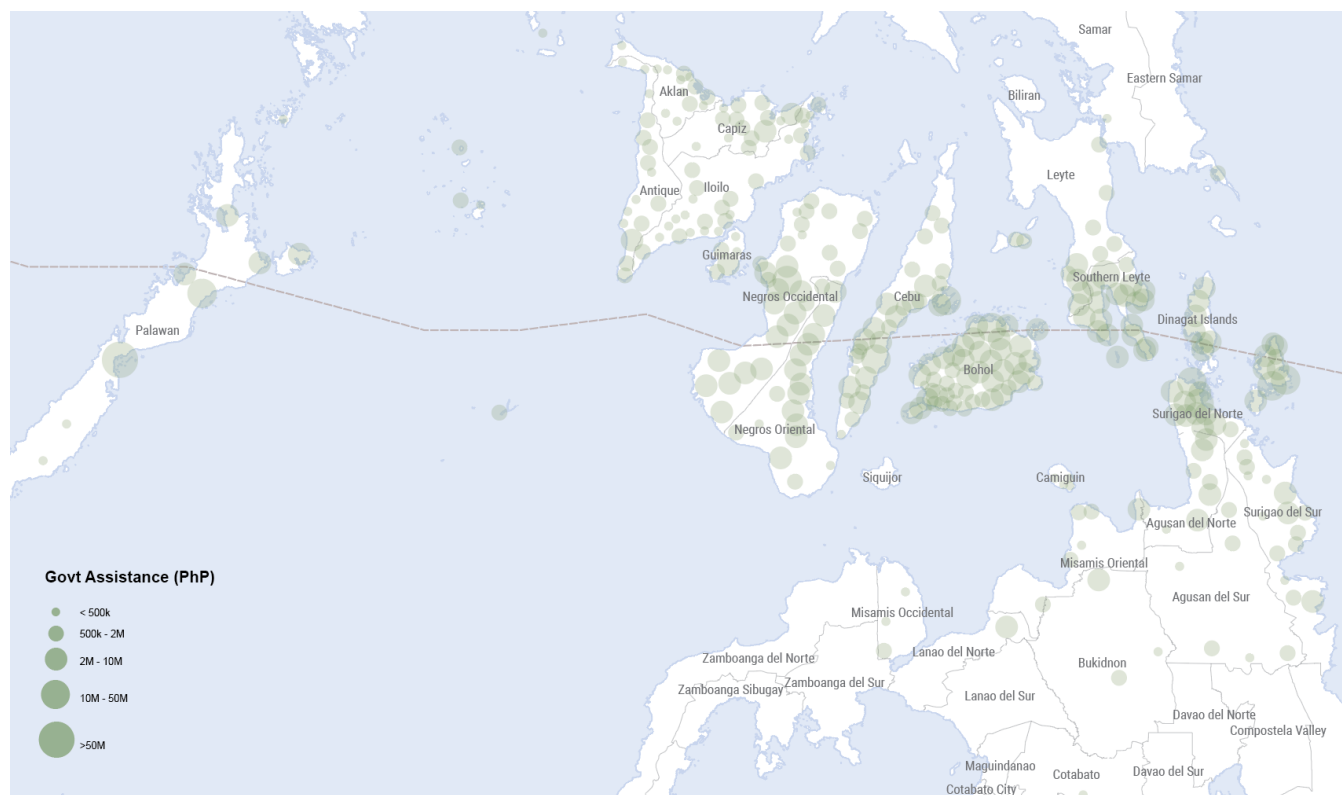
As of 21 January, 70 organizations and 145 partners responded with life-saving activities and protection services across 11 affected regions. This is compared to about 50 organizations reporting activities on 22 December, representing the UN system, Red Cross and Red Crescent Movement, the private sector and national and international NGOs under the HCT-umbrella supporting the Government-led efforts. Despite COVID-19 related restrictions, many of these organizations managed to rapidly scale up assistance demonstrating capacity to absorb new resources and deliver.

Most areas can now be reached through the normal road network. Some of the worst affected areas in Southern Leyte, Dinagat Island and Surigao del Norte, however, continue to experience difficulties with road access due to landslides and storm surge or delayed debris removal. Sea access to some of the most affected island barangays continues to experience delays due to weather disturbances.

Affected areas are considered safe for the delivery of humanitarian assistance. Some areas in Caraga and Region VIII, however, require attention to conflict dynamics with isolated incidents between the Armed Forces of the Philippines (AFP) and the New People’s Army (NPA). While continued vigilance and analysis of the evolving security situation are warranted, no incident affected humanitarian operations during the first month of the response.

Access by and to beneficiaries remains restricted by delayed power/network repair. One month after landfall, the Government reported that power was restored in 88 per cent of cities and municipalities. Partners on the ground confirmed that restoration of power in parts of Caraga, Region VI, VII and VIII is limited to main roads and key infrastructure only, which continues to impact on livelihoods and intermittent access to clean water. This remains of particular concern in 20 of 27 cities where water supply remains cut off.

Government Assistance



Localization and principles of implementation

Over the years, the HCT mainstreamed protection, gender, accountability to affected populations (AAP), community engagement, PSEA and early recovery in emergency response and preparedness. It also increased cash-based assistance and invested in collaborating with development actors on humanitarian-development nexus.

Alongside these efforts towards principled and accountable humanitarian action, the HCT will add localization as one of its key principles of implementation, as renewed through the [localization commitment](#), a multi-stakeholder dialogue in 2021. The commitment serves to strengthen local response mechanisms, with local

and national actors and people at the centre of the response.

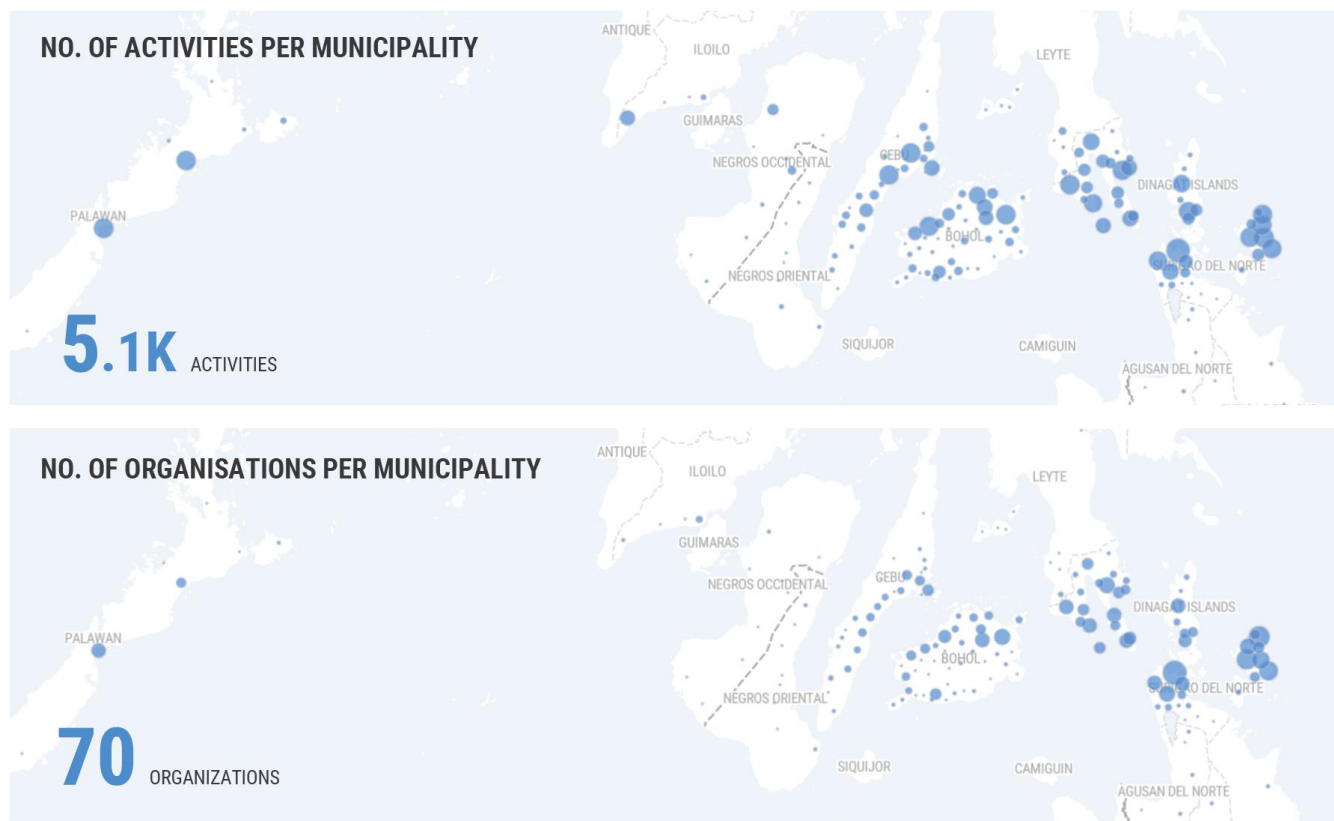
The HCT recognizes the impact of climate change on the livelihoods of local communities in worst affected areas, especially those living along exposed coast lines. Aligning humanitarian and development action, the HCT is committed to involving affected communities in risk management and risk mitigation to ensure sustainable response and recovery.

Out of the 70 organizations that have activities in the 3W⁴, 32 (46 per cent) are National NGOs (NNGOs) or CSOs accounting for 10 per cent of the total listed activities. In addition, 41 per cent of all implementing partners (whether of UN, INGO

⁴ <https://data.humdata.org/dataset/typhoon-rai-odette-3w>

or NNGO) are local organizations, suggesting that the majority of direct implementation of activities is likely done by local organizations. In addition, many NNGOs, CSOs, women-led organisations, local mutual aid groups, religious organizations and other front-line groups are not registering their activities and are providing a large share of

actual services on the ground in many areas, particularly those outside the initial HNP. Additional support to local organizations, and better integration of local actors into coordinating and decision-making mechanisms is still required to further localize the response and improve effectiveness.



Monitoring framework

Information on the response to Typhoon Rai is being regularly updated on the dedicated [Dashboard](#). It provides updates on the situation, operation and funding. The HCT will use the Dashboard and other regular updates and reports to (1) track the evolution of the situation, priority needs, operation and resource mobilization, and

(2) capture the achievements and setbacks of the collective response. The two components will inform HCT decision-making and corrective actions.

Financial and in-kind contributions will also be tracked by the [Financial Tracking Service](#).

3. Cross-Cutting Issues



Accountability to Affected People

The response operations will continue to learn from affected people on their evolving needs and priorities, despite the ongoing communication challenges in severely affected areas, to ensure that women, girls, men, boys and vulnerable groups receive life-saving assistance timely. Several consultations with communities conducted by humanitarian and Government responders since the initial days of the disaster⁵ reveal that shelter, livelihoods and food continue to be the top three information needs and response priorities among the affected communities one month after the response. Priority needs are similar to DTM findings⁶ and suggest that there are ongoing gaps to address critical information on these topics due to various operational challenges. Additionally, there is a strong preference among affected people to receive multi-purpose cash over in-kind assistance that allows flexibility to purchase basic household items, depending on access to local markets.⁷

Community members suggest that Local Government Units and other local community associations are their key information and communication channels in this response as communication infrastructure has not been fully restored. Mobile phone ownership is widespread across the affected areas, however there are limitations for usage due to intermittent or unavailable electricity and internet connection. Communities reported fees from PhP15 to PhP40 (US\$0,29 – \$0,78) per charge at barangay (village)

charging stations using generators⁸. In some affected areas, particularly on Cebu island, radio is operating and a source of information to many affected communities. Radio networks on the ground have provided information about the response and other lifesaving messages from the first days of the disaster and are continuing to share critical information to communities through working together with aid providers.

The Government and humanitarian responders are committed to leverage the system-wide accountability by designing and rolling out response-wide community consultation through face to face communications (following COVID-19 protocols) and other media channels to understand and respond to the unique needs and priorities of affected people in a real-time manner. With the support of various actors, including Government officials, national and international NGOs, UN agencies, CSOs, Faith-Based Organisations, private sector (under the HCT's Community of Practice on Community Engagement), the response-wide community consultation initiative that integrates cross-cutting areas including community engagement and accountability, preferences of assistance, protection from sexual exploitation and abuse, gender and inclusion, is currently underway. This collective effort is planned to be held regularly and serve as a common service platform for accountability to affected people, monitor community feedback and complaints and advocate for corrective actions to various

⁵ This is complemented by the inter-agency consultation with communities in Caraga region, held by Government (Municipal LGU, Rural Health Unit), Care, WFP, IOM, FAO, OCHA in late January 2022.

⁶ [DTM Report 2_Typhoon Rai \(iom.int\)](#)

⁷ An inter-agency consultation with communities in affected areas is underway, therefore a more comprehensive picture on preferences of assistance will be available once the data collected and analyzed in due course.

⁸ Preliminary finding of community consultation.

stakeholders as necessary. In Caraga Region, the regional, provincial, municipal and local government units have expressed a collective

commitment to carry out this inter-agency exercise and use the findings to regularly inform the response action.



Cash and voucher assistance

The Inter-agency Cash Working Group (CWG) general membership is currently chaired by Oxfam and World Food Program, made up of about 30 members and with UNOCHA as permanent secretariat, which have shifted their focus to coordinate the cash and voucher assistance of humanitarian actors engaging in the Typhoon Rai response. Recently this group started to map the targeting, amounts, where and for how long cash and voucher activities have been implemented/ planned among all stakeholders. As part of this exercise the department of DSWD is collaborating with the CWG to make sure overlapping and gaps are minimized.

From day one of this response it was clear that cash and vouchers could be one form of delivery assistance. In the same way that we heard from the ground that some infrastructures were damaged, made it difficult to resort this modality. Although, the banking system has recovered in

most areas such as Siargao and majority of Dinagat where traders are already re-starting their businesses.

On another hand, it has been identified the need to support the re-supply of shelter and wash items, so markets are able to respond to such high demand. The CWG will be looking closely to this issue, beyond encouraging the price monitoring and trying to minimize inflation effects. As well as working together with the clusters and other thematic areas to harmonize approaches on delivering multi-purpose cash and make sure that the modality preference expressed by the affected people is taken in consideration.

This government lead response is an opportunity to the CWG to strategically expand its services to actors that advance the Localisation agenda for cash coordination and Philippines.



Environment

The HCT recognizes the specific link between environment and life-saving activities and protection services to inform environmental considerations in humanitarian response and early recovery. Regional authorities in Caraga have conducted rapid environmental assessments under the leadership of the Directorate of Natural Resources. In Caraga and elsewhere, the Post-Disaster Needs Assessment (PDNA) informs, among others, an environmental impact analysis. With more than 1.7 million homes either destroyed or damaged, priorities include debris clearance and disaster waste

management covering temporary storage/recycling and disposal. Hazardous debris like asbestos roofing has to be sorted out and disposed of in a safe way. Safety measures must be taken to protect the workforce dealing with debris and other parts of waste management. The extensive need for construction material will put a stress on already sensitive natural resources. A lion share of all debris can be recovered and reused or repurposed, e. g. concrete, sand, gravel and other building waste. Further, fallen trees are an opportunity to be reused as building material. Given the immense need to repair shelter and

sanitation facilitates, there is an increased opportunity to use sustainable construction material and to reflect on environmental risks in reconstruction planning. One such risk is uncontrolled extraction of sand and gravel from riverbeds and seashores.

A prerequisite for a sustainable recovery and rehabilitation is to work with a comprehensive framework, at different administrative levels, for planning, implementation, monitoring and evaluation. The framework could cover environmental aspects on (re)localization of built areas, the needs for construction materials and sustainable sourcing of these materials. The strive to build back better opens up for opportunities to introduce more sustainable energy provision and conservation, nature-based risk reduction measures and improved, more environmentally friendly systems for water, sanitation and waste management. The handling of chainsaws, for clearing of coconut debris and other fallen trees, poses a risk for illegal logging of indigenous forests.

Although the typhoon-impacted area is not typically subject to wildfires, vegetative debris and deforestation, together with activities like

charcoal production or land clearing, may lead to wildfires. The restoration of damaged mangroves is critical to provide nature-based storm surge protection, to enrich biodiversity and reflect on local livelihood, as well as to serve as a carbon sink. One concern in the rehabilitation of the fisheries sector is to regulate the capacity to avoid overfishing and depletion of the natural resource.

A FLASH Environmental Assessment should be carried out in all affected areas to identify environmental risks within industry, agriculture and trade. Typical business sectors that may be covered are mining, manufacturing, warehouses, power plants and fuel storage. It should be noted that Typhoon Rai may have changed and increased the risk for environmental damages, e.g. the loss of vegetation and topsoil has increased the risk in already landslide prone areas.

Overall, the environmental damage of typhoons on coastal ecosystems and upland areas needs to be assessed in all affected areas. Going forward, it is critical to ensure a dedicated and time-sustained environmental expertise to authorities and the HCT.

People with disabilities

Disability is a recognized factor of vulnerability. More needs to be done to include disaggregated data and participation of men, women, boys and girls with disabilities in the design and implementation of humanitarian activities. Failure to do so, is putting persons with disabilities at risk of being excluded and invisible during response activities. Based on the figures from the national census⁹ and the disability report from WHO¹⁰, the HCT estimates that there is between 125,000 and up to 400,000 persons with disabilities affected in

the 11 regions affected by Typhoon Odette, and around 80,000 persons with disabilities among the most vulnerable groups¹¹ in the three regions prioritized by the HNP. Although they have the same basic needs as everyone else, meeting specific needs such as medicines, rehabilitation services, access to sanitation and water, assistive and mobility devices is critical to preventing their medical condition from worsening and allowing them to equally access basic needs. Women and girls with disabilities experience double

⁹ <https://doh.gov.ph/persons-with-disabilities>

¹⁰ <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

¹¹ Based on DSWD 4Ps beneficiaries for PWD.

discrimination, which places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. Actions on

disability inclusion should be strengthened by humanitarian actors to ensure no one is left behind.¹²



Siargao Island

Consultation with communities on Siargao Island to understand their needs and priorities in response, jointly held by Municipal LGU, Rural Health Unit, Care, WFP, FAO, IOM, OCHA.
Credit: OCHA

¹² <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>



Protection from sexual exploitation and abuse

As vulnerabilities increase and humanitarian action intensifies, so does the risk of Sexual Exploitation and Abuse (SEA), therefore ensuring that PSEA is fully integrated into the humanitarian response is critical.

In the Philippines, under the leadership of the HC and with the technical support of a full time PSEA Coordinator, the HCT and humanitarian partners are working collectively to ensure that PSEA activities are targeted appropriately, protection focused and that victims receive a multi-sectoral package of assistance.

In order to enhance the functioning of the PSEA mechanism in-country and fully integrated it in the Typhoon Rai response, some actions will be prioritized including the scale up of safe and accessible reporting channels for SEA complaints, the creation of accessible telephone/digital counseling platforms through identified national partners, the provision of quality assistance and services for SEA victims in collaboration with GBV and CP sub-clusters, the collaboration and partnership with the National Child Protection

Working Group (NCPWG) and Regional Child Protection Working Group (RCPWG) that promotes the integration of PSEA messaging in RCCE materials as well as awareness raising activities, the development of a communications Plan/Strategy, including a targeted campaign via media platforms – Instagram/Facebook, WhatsApp, SMS messaging, and local radio broadcasts.

The Philippines PSEA Coordinator and Task Force will ensure that all humanitarian action in response to Typhoon Rai is guided by PSEA principles through constant review and monitoring of prevention and response measures implemented by partners, PSEA mainstreaming in Clusters and other humanitarian forums, as well as periodical reporting to the HCT. The Philippines are also a key actor in the implementation of PSEA Regional Strategy and an active member of the Regional AAP/PSEA working group and will actively participate in the operationalization of the 2022 AAP/PSEA work plan.



Gender

As the response evolves, more can be done to integrate cross-cutting issues relating to gender in all cluster activities. There are gaps in getting sex, age and disability disaggregated data (SADDD) – this should be included in all monitoring and reporting. An assessment of 85 open evacuation centres across Bohol, Cebu, Southern Leyte and Surigao del Norte found that 85 per cent of families do not have privacy partitions¹³ and this presents GBV risks and difficulties particularly for adolescent girls during their monthly period due to limited numbers of comfort rooms. It also found

that 85 per cent of sites do not have supplemental feeding for children and lactating/pregnant women. Evacuation centres do not often have adequate lighting and there is a lack of separate latrines. There is a lack of women friendly spaces in the evacuation centres with 95 per cent of centres not having one.

It is important that Shelter and WASH interventions adhere to minimum standards on gender and GBV risk mitigation i.e. separate latrines and safety measures are in place, in particular at sanitation and bathing facilities.

¹³ IOM DTM Assessment, 27 January 2022

Equally important is that the Nutrition cluster ensures that supplemental feeding for lactating/pregnant women and vulnerable groups is provided. Women safe spaces should also be set up in evacuation centres particularly when there are already issues with privacy.

The devastation of Typhoon Rai has worsened existing labour market challenges for vulnerable groups. A significant number of affected workers are women, particularly in agricultural sector, and a high number of them are female-headed households. Philippines women's associations

are active in the typhoon response and should be collaborated with in interventions to support women's livelihoods as part of relief and recovery.

Clusters should appoint gender focal points and work with gender/GBV coordination groups to ensure that (a) programmes are designed using the IASC Gender with Age marker (GAM) and (b) frontline staff are provided with brief training on minimum standards on gender and WASH/Shelter/Nutrition. This can be combined with other training such as PSEA and should be included in budgets.

3. Inter-cluster planning and prioritization



Camp Coordination and Camp Management

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
79K	40K	Region VIII: Southern Leyte Region XIII: Surigao del Norte, Dinagat Islands Region VII: Bohol, Cebu Region IVB: Palawan	9.8M

Objectives

- Ensure equitable and sustained access to assistance, protection, and services for Internally Displaced Persons (IDP) living in displacement sites
- To improve the quality of life and dignity during displacement while seeking and advocating for durable solutions

Sector overview (needs and response)

To date, the CCCM Cluster has assisted 183,887 displaced individuals through the activities that the cluster has conducted in partnership with the different stakeholders, although at least 79,000 individuals remain in evacuation shelter as of 26 January. This is 57% more than the targeted number proposed in the first HNP. Technical assistance has been provided to the Department of Social Welfare and Development (DSWD) in implementing the CCCM COVID-19 Operational Guidelines as CCCM Cluster counterpart of the PH government. Camp managers are provided with CCCM Kits to better equip them in serving the IDPs. However, more of these are still needed as one Kit can only cater to less than three

evacuation centers (ECs) simultaneously. The updated CCCM Kit also includes items for COVID19 safety and prevention following the CCCM COVID-19 Operational Guidelines.

The Displacement Tracking Matrix (DTM) is being rolled out in the ECs to collect data on the number of the needs and vulnerabilities of the displaced populations. As of 26 January 2022, the team has reached 86 ECs and this has provided the cluster with a better picture of the priority and immediate needs of the IDPs. Based on the initial results, several sites do not have an identified Camp Manager (CM), and camp committees have not been set up. In comparison to the first HNP, we recognize that the current CMs are temporary as

they have obligations in their initial designation. Therefore, the Cluster is proposing to staff CMs to have full attention on managing the sites. CMs will have the responsibility to implement camp care and maintenance and ensure protection measures are taken in the camp.

Assessments showed that the main reason for IDPs' delayed decampment is damaged houses. Most of them are unable to return as their houses were built in "no build zones". The Cluster will work closely with the Shelter Cluster together with the Department of Human Settlements and Urban Development (DHSUD) and the local government units in the transition from living in the camps to the identified temporary/permanent shelters. The response cost identified for the Cluster are: (1) Camp Care and Maintenance (CCM) and (2) Staffing for Camp Management. In comparison to

the first version of the appeal, camp care and maintenance are emphasized as camps have been open for more than a month now. CCM is also the longest and the most difficult phase in the camp life cycle. More assistance is needed in the evacuation centers (EC) as the number of IDPs increased after conducting assessments on the ground. The revised response cost is more cost-intensive given that there is more logistical and material support needed in the evacuation centers such as working WASH facilities, cooking areas, proper garbage disposal, modular tents, CCCM kits, PPEs, sleeping kits, solar lamps, and other Food and Non-Food Items. The Cluster is also proposing funding requirements allocated for the staffing camp managers and camp management team as their roles are necessary to fully monitor the situation in the EC

Priority response

Provision of Food and NFI inside and outside the evacuation centres.

- Support and rollout of the COVID-19 Operational Guidelines for Camp Coordination and Camp Management and Protection which includes the following: additional tents for physical distancing, PPEs for adults and children, WASH facilities, installment of Infection Prevention and Control Checkpoints, safe distribution areas, designation of isolation units inside the evacuation centres.
- Support to the COVID-19 testing, vaccination and community based care for the population.
- Provision of essential health, nutrition, WASH services to the population in need with focus on women and children.
- Provision of cooking and kitchen counters.
- Maintenance of bathing cubicles and latrines for men and women.
- Set up of women and child-friendly spaces.
- Set up of Feedback Mechanism and Referral Pathways/Systems (health, psychosocial, safety, and legal response).
- Dissemination of Child Protection and Prevention of Sexual Exploitation and Abuse (PSEA) risk communication and community engagement materials, including on safe channels to report allegations or cases of SEA.
- Strengthen protection mechanisms and gender mainstreaming in camps and temporary shelters in coordination with the Child Protection and Gender-Based Violence Sub-Clusters and in keeping with the Minimum Standards on Gender and CCCM and Shelter.
- Profiling of IDPs through the IOM Displacement Tracking Matrix (DTM) with information on their places of origin and return/relocation prospects for early decampment in coordination with the local authorities and the Shelter Cluster.

Inter-cluster collaboration

The IOM Displacement Tracking Matrix (DTM) provides information on the needs of the IDPs in the evacuation centers where other clusters such as the Shelter, Food Security and Agriculture, WASH, Health (Sexual and Reproduction Health), and Protection (Child Protection and GBV) can access and provide support to reduce the gaps that were assessed. Protection mainstreaming

activities in the camps are to be implemented i.e. referral pathways to hinder GBV and sexual abuse and exploitation. Access to basic WASH facilities needs to be ensured in partnership with the WASH Cluster as this is one of the major concerns in this phase of the camp life cycle. The CCCM Cluster will also regularly coordinate with the Shelter Cluster to plan for durable solutions for the IDPs.

What happens if we don't respond?

Prolonged displacement will occur if durable solutions are not provided. Any long-term displacement is confirmed to be associated with subjective health ratings, the stress of the IDPs¹⁴, and an increased risk for gender-based violence¹⁵. With the increasing COVID-19 cases due to the Omicron variant, continued displacement and unmanaged evacuation centers can start off community transmission of the virus. Several evacuation centers do not have modular tents and working WASH facilities which are great risks for the safety, privacy, and health of the IDPs. Typhoon Rai has also affected the electricity lines of LGUs thus the need for adequate lighting through the provision of solar lamps to ensure security and protection, most especially for women, children, elderly, and persons with

disabilities. Gender-based violence and sexual exploitation and abuse may occur if these prevention measures are supplied.

Evacuation centers without designated Camp Managers will create a disorganized camp, with no one to ensure that the human rights of the displaced population are upheld and that social, cultural, and economic rights are met. Minimum standards in camp management will not be met and further harm may be caused which is against our protection principles. An identified Camp Manager who will be fully responsible and in-charge of overseeing the entire operation of the evacuation center will not only create a fully functional camp but provide a dignified and protected stay for the camp population.

Contact

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¹⁴ Labarda CE, Jopson QDQ, Hui VK, Chan CS. Long-term displacement associated with health and stress among survivors of Typhoon Haiyan. *Psychol Trauma*. 2020 Oct;12(7):765-773. doi: 10.1037/tra0000573. Epub 2020 Mar 26. PMID: 32212778.

¹⁵ Anastario, Michael & Shehab, Nadine & Lawry, Lynn. (2009). Increased Gender-based Violence Among Women Internally Displaced in Mississippi Two Years Post-Hurricane Katrina. *Disaster medicine and public health preparedness*. 3. 18-26. 10.1097/DMP.0b013e3181979c32.



Early Recovery

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
840K	275.6K	CARAGA: Surigao del Norte (Surigao City), Surigao del Sur, Dinagat Islands, Southern Leyte, Palawan	9.0M

Objectives

- Support local governments in Dinagat Islands, Siargao and Leyte province in restoring frontline government services (health and protection, civil registry, logistics, DRRM); and in the formulation and submission of proposals for funding - recovery and rehabilitation plans towards long-term resilience.
- emergency cash assistance to the most affected vulnerable population/households via cash-for-work schemes (repair of common service facilities/community infrastructures, repair of livelihood assets).
- Support restoration of lost assets by fisherfolks, clearing up of coconut farms and immediate assistance to women, youth, PWD small and micro entrepreneurs.
- Prepare debris management plan to prevent further environmental damage, utilize debris for reconstruction and rehabilitation, in coordination with local groups and government authorities.
- Support in rehabilitation, retrofitting of damaged community infrastructure - community health centers, day care centers, livelihood centers, community evacuation centers and seaports

Sector overview (needs and response)

Many local governments are not functioning to full capacity to support their constituents; offices damaged by Typhoon, and poor telecommunications facilities limit their ability to provide timely and adequate responses and in communicating with humanitarian and development actors

In some areas such as Dinagat Islands and Siargao, almost all fishing boats and gears were destroyed, leaving fisherfolks with no livelihood and food source. Felled coconut trees and other debris remain uncollected and processed, posing

risks to population; delaying farmers' return to their land with risks to food supply. Sources of livelihood by micro and small enterprises were almost wiped out, slowing economic recovery. There is still very little sign of local economic activity.

Many infrastructure facilities are damaged and repairs have not started – water systems, evacuation centers, health centers, women's livelihood centers, public schools, farmers' field school, among others.

Priority response

1. Assessment of local governance capacities, support in restoration of connectivity, including LGU frontline services (2 provinces and 10 municipal LGUs). Support to 2 provinces and 10 municipalities in recovery planning, preparation of funding proposals for LGU investment planning.
 2. Local economic restoration and replacement of lost livelihood assets including:
 - a. repair of damaged fishing boats and replacement of destroyed boats
 - b. debris clearing of felled coconuts, distribution of coconut seedlings and vegetable seeds
 - c. support to women, youth and PWD micro entrepreneurs
 - d. emergency employment through debris clearing (Cash for Work)
- Debris management planning in Palawan, Surigao del Norte and Dinagat, including coordination with Department of Environment and Natural Resources (DENR) for utilization of felled forest trees and accumulated aggregates,
 - Introduce disaster waste management to safeguard environment and maximize recovery and recycling of building waste
 - Repair, rehabilitation and retrofitting of vital community infrastructure
 - Government social protection systems strengthening through policy and financial support to effectively coordinate and deliver multi-purpose cash transfers, with a gender and child responsive focus, aimed at meeting the basic needs of affected people, whether for food or non-food items or access to basic services, leveraging the social protection system

Inter-cluster collaboration

The Early Recovery Cluster promotes resilience building at the early stages of humanitarian and recovery efforts across the work of the different clusters. Thus, closer coordination shall be made moving forward, particularly in ensuring that appropriate policy support, and measures are taken to address the systemic issues underlying the vulnerabilities of different sectors and geographies in the country. Efforts shall also be made to ensure that standards and metrics are introduced to incorporate resilience building in the future work of the HCT - with the aim of reducing the impacts of future disastrous events; and/or avoid similar occurrences in the future. Environmental impacts from recovery activities need to be controlled and climate change impacts needs to be factored in the building of resilience.

Collaboration shall be made with the Shelter Cluster and with the Protection, Education, WASH and Health clusters to ensure recovery planning, including settlements planning is designed to allow for green and safe spaces for children, adequate WASH facilities, and are located in hazard free areas.

The Cluster shall work closely with the Food Security and Agriculture Cluster in the beneficiary selection, implementation mechanism, partnership with Philippine Coconut Authority, Bureau of Fisheries and Aquatic Resources in its support to fisherfolks, farmers, and debris clearing of felled coconut, including designing diversified cropping and livelihood sources for farmers and fisherfolks.

What happens if we don't respond?

Many LGUs are still operating at sub-optimal capacities, as their offices and employees were also affected. Without timely support to restoration of frontline functions, they will not be able to respond to the needs of their constituents thus making recovery a very long process, with associated social and economic consequences. Support to recovery planning will ensure these LGUs would have clear action plans for allocating resources and implementing priority activities for quick recovery.

While some LGUs have identified resettlement areas for people whose original dwellings were located in easements, proper assessment is essential to ensure these are free from other types of hazards and have no tenure issues. This will be done as part of the recovery planning support to local governments.

Without functioning boats and until coconut farms are cleared, fisherfolks and farmers will

continue to be dependent on food packs risking food security for affected families. These could contribute to worsening poverty conditions. It is essential to revive the local economy by supporting women, youth, PWDs involved in micro and small enterprises to restore their lost assets and begin to rebuild their livelihoods.

Addressing debris management issues in Palawan is critical to avoid forest fires, risk of flooding and damage to vital infrastructure - if these happen, we could see worsening of the crisis in the affected areas. Other areas where debris is a challenge include Surigao del Norte, and Dinagat islands.

Damaged vital community infrastructure, such as power, water supply, health centers, livelihood centers, tribal halls, need to be restored immediately in order to prevent further health risks and resume local cultural, commercial and economic activities.

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Education

CHILDREN IN NEED	CHILDREN TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
711K	199K	Regions VII, VIII and Caraga	3.9M

CHILDREN IN NEED (BREAKDOWN)	CHILDREN TARGETED (BREAKDOWN)
164,160 children aged 3-5 years old (pre-school and kindergarten)	45,965 children aged 3-5 years old (pre-school and kindergarten)
319,200 children aged 6-11 years old (elementary)	89,376 children aged 6-11 years old (elementary)
228,000 children aged 12-15 years old (high school)	63,840 children aged 12-15 years old (high school)

Objectives

Restore access to education in safe and secure learning environments and prevent accumulated learning loss among children.

Mitigate the harmful impact of crises on children's well-being and support their recovery through mental health and psychosocial support

Sector overview (needs and response)

The Education Cluster allotted ample time and resources to continuously monitor damage to classrooms and schools, learning materials and affected personnel and learners primarily through the Rapid Assessment of Damages Report (RADaR). Daily reports continue to reveal the wide scope of this emergency, with 29,671 schools affected (89% of total 33,471 schools in regions affected), 5,635 classrooms totally damaged and 10,557 partially damaged by the typhoon across all affected regions. As part of the initial response, the Department of Education has allocated PhP35 million (US\$682,000) for interventions to affected regions and divisions. Simultaneously with relief essentials coming in for teachers and learners such as food packs, shelter kits and hygiene kits, more than 10,000 learners have already benefited

from teaching and learning materials provided by the Cluster.

The impact of Typhoon Rai on the education of children already deeply affected by the COVID-19 pandemic is enormous. Children between 3 and 15 years old in need for education support in Regions VII, VIII and CARAGA are estimated at 711,360. In these three regions, 35,053 teaching and non-teaching personnel are affected (DepEd, 26 January 2022).

More than 18.7 million learning material (DepEd, 26 January 2022) has been damaged in all the regions affected. Teaching, learning materials and student kits for children to continue learning both at home and in schools will cost an estimated PhP588.7 million (US\$11.5 million). Children 3-4

years-old enrolled in Child Development Centers (CDCs) and their teachers (Child Development Workers) have been affected in a similar way, but no official estimates have been shared yet.

To support teachers and Child Development Workers towards learning continuity at this time, Cluster partners are planning Education in Emergency trainings using as reference the DepEd's 2021-released resource kit. Ongoing discussions towards supporting marginalized learners such as indigenous learners and learners with disabilities are expected to materialize in concrete support through adapted learning resources.

In light of the need for safe learning spaces and supplies to augment those damaged or washed away, the response still has a large supply component. The Cluster will utilize the Department of Education Resource Kit on Education in Emergency for the training, incorporating guidelines to respond to the pandemic. The support for mental health and psychosocial support for learners, teachers, and child development workers is being covered by a number of Cluster members and partners.

Data from the Department of Education and DSWD provided the basis for the number of learners, personnel, schools and learning materials affected. Unit costs of much needed materials to replace damages and allow for learning continuity led to total costing. Technical assistance, capacity building and coordination costs were incorporated to ensure more access to quality education and early learning.

Interventions and activities were made more responsive to the current situation. Temporary Learning Spaces (TLS) remain a need given thousands of classrooms still being used as evacuation centers and the high number of totally damaged classrooms in the focus geographical areas. The tents that will be provided have been improved for better ventilation in light of the pandemic. In addition, guided by initial discussions with DepEd Central Office, more in-depth trainings on Education in Emergency for teachers and CDWs will run longer than the 1 day originally planned. This training now incorporates the latest guidance in response to the COVID-19 pandemic.

Priority response

- Provide accessible, inclusive Early Childhood Development Kits, contextualized storybooks, schools-in-a-box, learner resources/ kits, teacher kits, and learning modules.
- Provide mental health and psychosocial support (MHPSS) for learners and teachers/ Child Development Workers (CDWs).
- Provide communication materials (including accessible inclusive Risk Communication and Community Engagement).
- Provide COVID-19 infection prevention and control supplies and materials and WASH services for safe and conducive face-to-face classes in schools and CDCs.
- Provide accessible, inclusive temporary learning spaces.

Inter-cluster collaboration

The Education Cluster will work closely with the WASH Cluster, sharing relevant information as to schools participating in the piloting of the safe reopening of schools. This ensures that learners access quality and inclusive education in person,

and that learners and teachers are safe. Joint coordination will include school divisions and local social welfare offices. The Education Cluster will also work closely with Health and Protection Clusters to ensure a holistic approach to MHPSS.

What happens if we don't respond?

Learning continuity is at high risk in the affected areas, which face more obstacles to reopen the schools that have remained closed since March 2020 due to the pandemic. 36 schools had already started in-person classes in Regions VI, VIII, and CARAGA and more were preparing to reopen in February 2022 but the super typhoon has reversed the process, increasing the levels of learning loss already caused by school closures and the risk of permanent drop-outs, neglecting children's right to education. At the global level, UNESCO estimated that 24 million additional students may drop out of the school system due to school closures ([UNESCO, 2020](#)). School closures affect disadvantaged children disproportionately, exacerbating inequality in education. The effects of learning loss in future earnings for this generation is estimated globally at US\$17 trillion or 14% of GDP ([UNESCO, UNICEF & World Bank 2021](#)).

Failure to provide support for learning continuity in this double-emergency context will affect children's health and safety, as schools centralize social services for children and provide safe spaces. For instance, at the global level, 370 million children did not access school meals during school closures ([UNESCO, UNICEF & World Bank 2021](#)). Providing learning opportunities through distribution of education supplies, temporary learning spaces and teacher training for emergency context bring back the sense of normalcy to students and can improve their mental health. For example, the uncertainties within families brought about by this unprecedented event could lead to toxic stress, which produces high levels of cortisol, a stress hormone that disrupts the process of brain development by limiting the proliferation of brain cells, damaging health, learning and behavior (UNICEF, 2014).

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Emergency Shelter

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
1.4M	570K (114K HH)	Region VIII (Eastern Visayas); Region XIII (Caraga), Region VII (Bohol, Cebu)	30M

Objectives

- Improve domestic life through household item support (sleeping items, cooking/eating items and safety and security items).
- Improve home/shelter/enclosure through distribution of tarpaulins and shelter kits, provision of rental support, support of hosted/hosting families, temporary shelter support, construction support (materials, fixings, cash for shelter), construction labour support (labour, cash for labour), technical assistance for repair / house, construction of core houses and permanent houses.
- Settlement improvement through community/neighborhood interventions: barangays supported by IEC materials, rubble collection / waste disposal programs, construction materials salvaging / recycling programs, market and pilot interventions, technical assistance, improved infrastructure.

Sector overview (needs and response)

As of 27 January, the number of damaged houses has increased to 1,703,797, of which, 415,326 are totally damaged and 1,288,471 are partially damaged in Regions VI, VII, VIII, IX, X, MIMAROPA and Caraga. In Siargao and Dinagat Islands, 95 per cent of structures are affected. Most damaged or destroyed houses are those in rural and coastal areas, made of light materials and extremely vulnerable to high winds and heavy rain. Without the protection of their homes, people lost household items and other assets to the weather and flooding. Assistance should be prioritized for vulnerable displaced families who cannot afford to repair or rebuild their houses. Up to 46 per cent of people in the worst affected areas live below the poverty line. Many of these households are small labour or renter farmers, single-headed/ female-headed households, older people, people

with disabilities and indigenous people. Timely return to safe and dignified homes will reduce the impact on mental and physical health, permit restart of livelihoods, reduce the incidence of GBV and other protection issues. Where markets have reopened, cash assistance will best serve the different needs for replacing essential goods and repairing or rebuilding homes. Demolition, clean up and reconstruction can pose environmental hazards to those working. The long-term environmental impact of proposed assistance solutions should be considered and weighed against alternatives.

To avoid any further hazardous weather exposure, illness and harm to already affected communities, providing safe shelter to affected persons is a

priority within the next six months and before new weather systems impact the same people.

The HNPs original target was 90,000 people based on initial assessments that dramatically underestimated the severity of damage. Therefore, shelter partners have already assisted or planned to assist within the regions covered by the HNP 455,000 people at a cost of US\$11 million. A total of 493,000 people have been targeted by Shelter Cluster partners across all affected regions with current activities, where one household might receive multiple forms of support. Shelter Cluster partners are aiming to scale up the shelter response to at least an

additional 115,000 people with a focus on more intensive transitional and recovery support. Most of the Shelter cluster partners are working in region VII, VIII and XIII, but there are at least two partners working in Mimaropa (Palawan) and three partners working in region VI (Negros occidental).

The cost estimates to assist 455,000 people with emergency shelter interventions will be approximately \$11 million (activities ranging from \$200/HH to \$500/HH), while the additional 115,000 with more intensive recovery interventions will cost an estimated \$19 million (activities ranging from \$700 to \$900/HH).

Priority response

1. Short-term Emergency Shelter Assistance (ESA)

1.1. Household items support to improve domestic life.

- Immediate distribution of Essential Household Items to families with heavily damaged and destroyed houses. 124,085 people were supported by improving the domestic life, through the distribution of 22,456 kitchen sets, 18,760 sleeping kits and 9,486 lighting items. Another 13,927 sleeping kits, 1,672 kitchen items, and 2,872 lighting items are planned to be distributed, supporting an additional 70,675 people.

1.2. Improvement of home/shelter/enclosure

- Immediate distribution of Emergency Shelter Kits or Shelter Repair Kits to families with heavily damaged and destroyed houses. 166,750 people supported with improving the building enclosure of their shelter or home, with an additional 51,750 people still planned to be assisted. This is done by distributing 49,725 single tarpaulin sheets, 9,482 shelter tool kits, and 1,946 other building materials. Another 5,598 tarpaulins, 3,956 tool kits and 3,663 other building materials are in the pipeline to be distributed.

1.3. Settlement improvement

- Wide scale dissemination of accessible Information, Education and Communication (IEC) materials on Building Back Safer (BBS), inclusive shelter design, Housing Land and Property (HLP) and disaster preparedness targeting the wider community as well as those directly assisted.
- Complementary technical assistance to those receiving unconditional multipurpose cash and advisory services to the Cash Working Group to ensure consideration of shelter needs in multipurpose cash assistance.

- Conditional cash and voucher assistance to displaced families (rental support, hosted and hosting families support, labour, tools, materials and fixings) with rapid market assessments.
- Promote safe early return by moving directly to durable house repairs where possible.
- 2,200 people are targeted with activities improving the Community Resilience, such as trainings.

2. Medium-term Shelter Recovery Assistance

2.1. Improvement of home/shelter/enclosure

- Provision of appropriate construction materials (corrugated galvanized iron sheets, structural quality timber, cement, etc.).
- Technical assistance to those rebuilding their heavily damaged and destroyed houses.
- Training of local carpenters, masons, and households on build back safer techniques for safer construction and repair, universal design and basic Do-It-Yourself (DIY) skills
- Training for households on minor repairs and maintenance.
- Conditional cash and voucher assistance (labour, tools, materials and fixings).
- Shelter Market Assessment and Environmental Impact considerations.

2.2. Settlement improvement through community interventions

- Mobilization of community focal points for cascading and monitoring build back safer, inclusive disaster preparedness and disaster risk reduction.
- Transitional shelter and Housing Land and Property (HLP) assistance to displaced families unable to return and targeted by the government for relocation.
- Advocacy on behalf of the shelter and settlements sector to ensure adequate recovery and reconstruction assistance, in coordination and support of Government and Local Government Units (LGUs).
- Persons with disabilities and older people will be consulted to assess the accessibility of shelters, to ensure that any shelter assistance provided is tailored to the specific needs of people with disabilities and older people.

Inter-cluster collaboration

Collaboration shall be made with WASH, CCCM and Early Recovery clusters.

What happens if we don't respond?

Absence of proper shelter exposes affected households to the elements posing security, protection and health risks, decreasing their wellbeing and ability to cope with recovery.

If debris/disaster waste management is not properly implemented debris will be uncontrolled and spread out all over affected areas and be an impediment to recovery and reconstruction. Landfills and dumps will be at risk to be overfilled. Hazardous waste and municipal waste will be mixed with debris posing environmental risks and be an obstacle for efficient segregation and recycling of waste

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Siargao Aerial Shots

Photo: Ronald Al Jurado, SIKAT vis OXFAM

Emergency Telecommunications

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
Humanitarian workers	CARAGA: Surigao, Siargao Island, Dinagat Island Region VIII: Southern Leyte Region VII: Bohol Island, Cebu island Region VI: Negros Occidental	1M

Objectives

- Provide internet access with the required capacity to humanitarian actors in the following locations: Surigao city, southern Leyte, Dinagat Island, Siargao Island, Socorro Island, Bohol Island and Negros Occidental.
- Support DICT in its response efforts to re-establish communication services at government offices and temporary coordination points.
- Support DICT with interagency coordination among humanitarian partners mobilizing ICT capacity.
- Carry out information management to promote the exchange of information among all actors, support decision-making and ensure reporting of ETC Activities.
- Provide helpdesk support to users accessing the communications services in each location

Sector overview (needs and response)

Connectivity services are gradually being restored across the affected areas; however, typhoon Rai (Odette) has impacted a vast area leaving many locations still without voice and data connectivity.

ETC data connectivity services were first deployed at the government coordination hub in Surigao city and have been extended to anyone who requires Internet access. Going forward the ETC will continue to support with dedicated services for humanitarians as well as affected communities to restore their link to communication and support coordination and response efforts. Services are expected to be deployed in up to 7 locations that will need more time before communications can be re-established by national providers. The most affected locations are currently identified as Siargao Island, Dinagat Island, Southern Leyte, Surigao City, Socorro Island, Negros Occidental and Bohol Island. All locations are being regularly assessed and prioritized in coordination with DICT

government counterpart and local services providers and operators. Where national communications services are gradually restored, the ETC will demobilize its services and reallocate its resources where needed.

With the increase of the humanitarian presence on the ground, the need for connectivity has increased significantly. Initially the eastern islands (including Siargao Island, Dinagat Island, and Socorro Island) were prioritized. As humanitarian organizations are getting more access to the islands in western and central Visayas, the need for communication and connectivity in these islands is increasing, especially in Bohol and Negros Occidental.

While there are additional locations to support which were not included in the initial budget, it is expected that some of the initial locations may recover quickly or the additional sites be extended from existing infrastructure being set up. Therefore the ETC budget remains US\$ 1M. The

costing includes additional VSATs, networking equipment, staffing and the recurring cost of these services for 6 months in up to 7 locations.

Priority response

- Deploy ETC connectivity in UN common operational Hubs.
- Support DICT in re-establishing communication in affected locations
- Establish Helpdesk support in UN Humanitarian Hub
- Coordinate ICT response in affected locations
- Information Management support to promote information exchange among all actors.

Inter-cluster collaboration

ETC as a services cluster, will provide services to humanitarian workers at dedicated services points to all other humanitarian and government clusters.

What happens if we don't respond?

1. Lack of access to vital information and communications will further delay efforts to reach the most vulnerable and affected population.
2. Inability of humanitarian actors to share information on the affected population will have an impact on delivering the much-needed assistance to the affected population.
3. The needs of the affected population to communicate their own needs and priorities and to connect with loved ones would be prolonged.
4. Logistical challenges in moving between the islands will be worsened.

Contact

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HCT Lead: WFP, Martin Kristensson (Martin.kristensson@wfp.org)



Food Security and Agriculture

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.4M	751.5K	Region VII (Bohol, Cebu), Region VIII (Leyte, Southern Leyte), Caraga Region (Dinagat Islands, Siargao Island, Surigao City, Surigao del Norte)	47.6M

Objectives

- To meet the immediate food needs of the affected population, living in the most vulnerable and hard to reach households
- To resume income capacity of affected households from alternative livelihoods through the provision of agriculture inputs and assistance for the restoration and repair of productive assets
- To improve the food security situation for the poorest households, contribute to the restoration of the food supply chain, improve the affordability of basic commodities for those most in need and contribute to economic recovery in the affected areas
- To address nutritional concerns of vulnerable households and ensure pregnant and lactating women and families with children under five years are fully aware of best practice.

Sector overview (needs and response)

Significant food and agriculture needs, both immediate and early recovery, and in all typhoon-affected regions, persist. While humanitarian partners have reached nearly 177,000 families living in Caraga and Region VIII (as of 19 January), provincial Governments in all areas affected by the typhoon confirm that food and cash assistance remain high priorities.

Assessments conducted by FAO (December 2021) and WFP (January 2022) – Region VIII (Leyte, Southern Leyte), VII (Bohol, Cebu), VI (Negros Occidental), and IV-B (Palawan) – show that food, shelter, access to WASH, and livelihood support (particularly for farming and fishing sectors) are priorities in these areas, especially

where limited humanitarian assistance has been provided to date. Approximately 1.4 million families were severely affected across these six provinces. Many families are unable to afford a nutritious diet in Region VII (42%), VIII (49%), and CARAGA (53%) while stunting prevalence in these regions is of very high public health significance.

The Department of Agriculture (DA) calculates total damage and loss at over US\$261 million, with 533,709 farmers and fisherfolk, and 462,766 hectares of agricultural areas affected. Production loss is at 273,062 metric tons. Considerable damage to coconut production is reported in Regions VII, VIII, and Caraga (264,008 hectares impacted, 26 million trees destroyed,

242,881 farmers affected with a loss of US\$31.5 million). According to FAO assessments, 39,196 coconut farms (61% of coconut areas in Caraga) have little to no chance of recovery. A total of 2,126 fisherfolk were affected with a loss of US\$3.5 million from seaweed, milkfish, tilapia, and shrimp production. For example, 50 percent of coconut trees in Regions VII, VIII, and Caraga were totally damaged with no chance of recovery, while other coconut plantations will take at least 6 to 8 years before reaching maturity and productive stage.

Farming and fishing households, particularly those with pregnant and/or lactating mothers, people living with a disability, elderly, undernourished children, or labor compromised, will be prioritized for food and agriculture support. Partners will assist these households to re-establish income capacity through productive

livelihoods, avoid reliance on food aid, and prevent food insecurity and malnutrition. Recovery and rehabilitation assistance will link farmers and fisherfolks to markets and agribusiness value chains (including intercropping and climate-resilient coconut-based farming systems), establish early warning systems for agriculture and fishery-based livelihoods, and explore opportunities for nutrition improvement and value-adding enterprises along the supply chain.

Support will be both in-kind (food, productive assets, etc.) and cash (unconditional and cash-for-work). While electricity and access to telecommunications remain a challenge, financial service providers and potential partners for multi-purpose cash intervention are gradually becoming operational. Though many markets were damaged, traders are already restarting businesses.

Priority response

- Immediate access to nutritious food remains a priority, especially for poor fisherfolk and farming households and those headed by females or children, or with elderly members and people living with disabilities. Support from the international community will supplement local Government response efforts and provide in-kind or cash-based transfers (unconditional and cash-for-work)
- Consideration will be given to the most vulnerable in communities where the prevalence of stunting and acute malnutrition were already high pre-Rai. Preventing acute malnutrition in children is a priority, including support to provide healthy and diversified diets or locally produced nutritious foods. The Food Security and Agriculture Cluster will coordinate with the Nutrition Cluster to communicate and deliver messages to parents or caregivers on optimal infant and young child feeding practices and to monitor the nutritional status of their children.
- Support debris clearing and converting damaged coconut trees into lumber for temporary shelter (including cash-for-work). Facilitate deployment of equipment to convert coconut tree remnants into organic fertilizer and soil conditioner
- Provide appropriate and timely agricultural and fisheries assistance, including seeds (sweet potato, cassava, banana cardaba, assorted vegetable seeds for immediate planting by the coconut farmers), fertilizers, livestock/poultry, and inputs for affected fisherfolk including boats, fingerlings, feeds, and fishing gears.
- In areas where the supply of foods and non-food items is a challenge, organize local agri-food supply through mobile markets
- Provide cash transfers (cash for work) to cover immediate food needs, ensure food supply (e.g., food banking, mobile market, community procurement scheme), support the livelihoods of affected households in generating income alternatives and capacities, and allow affected

people to restart agricultural activities (to include debris clearing of farms, processing of coconut lumber, fix irrigation canals, construct/rehabilitate small storage facilities, etc.), fisheries, and other livelihood activities.

- Conduct capacity-building activities covering crop diversification and climate-resilient

coconut-based farming systems, early warning systems for agriculture and fishery-based livelihoods, nutrition improvement (incorporating nutrition-sensitive interventions), and value-adding enterprises (including the processing of fallen trees to lumber).

Inter-cluster collaboration

The Food Security and Agriculture Cluster will closely align its priorities and activities with Government and other Clusters (particularly Early Recovery, Nutrition, WASH, Protection, and the Cash Working Group) to help ensure vulnerable households requiring immediate, early recovery and rehabilitation support do not resort to negative coping mechanisms (including reliance on humanitarian assistance) and address the increased risk of food insecurity and undernutrition.

Co-location opportunities in severely affected provinces (such as Surigao del Norte, Southern Leyte and Bohol) that strengthen the implementation of comprehensive response activities, in partnership with the local government, will be explored.

Additionally, the extent of CBT interventions and assistance values will be coordinated with the inter-agency Cash Working Group (co-chaired by WFP and Oxfam) to ensure complementarity with multi-sectoral interventions undertaken by other stakeholders.

What happens if we don't respond?

Pre-typhoon Rai, peri-urban and rural communities engaged in agricultural activities had the highest incidence of poverty among the basic sectors and, therefore, were the most economically vulnerable. These households also had limited access to Government social protection assistance (such as monthly pensions and discounted privileges for elderly/senior citizens). Many families are unable to afford a nutritious diet in Region VII (42%), VIII (49%), and CARAGA (53%) while stunting prevalence in these regions is of very high public health significance. Before the typhoon, many of these poorest communities suffered disproportionately from the on-going impact of the COVID-19 pandemic and would have already exhausted coping strategies, especially depletion of household assets.

Agriculture producers, especially fisherfolk and farmers, were amongst those most severely

affected by Typhoon Rai. Livelihoods and productive assets were damaged and destroyed, some beyond recovery. With the loss of incomes, immediate and longer-term support is essential otherwise economic recovery will be significantly hampered and season-dependent, vulnerable agriculture-producing households face the real risk of becoming food insecure and resorting to negative coping mechanisms.

Typhoon-affected families report receiving food assistance that is limited to rice, instant noodles, and canned fish/meat. Though local markets are becoming operational, there is a notable increase in the price of fresh food such as fish, meat, vegetables, and fruits. With many households now without an income and with limited access to affordable, nutritious foods, there is a real risk of increased levels of undernutrition. Providing unconditional cash will allow beneficiaries choice,

the ability to diversify household food baskets and address nutritional requirements (particularly for vulnerable members of the household), and hasten recovery of local economies while

stabilizing inflationary pressures. Providing assistance, especially now, will lessen the need for reactive interventions to address a more serious mal-nutrition caseload going forward.

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Health

including Sexual and Reproductive and Child Health, and Mental Health and Psychosocial Support

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.4M	840K	Region VIII – Southern Leyte, Region XIII – Surigao del Norte and Dinagat Islands, Region VII – Cebu and Bohol.	14.4M

Objectives

- Provide strategic support to the affected LGUs by participating in local assessments, supporting micro-planning, and guiding and monitoring an integrated response in area of health with strong linkages with nutrition and WASH interventions.
- Provide operational support to the affected LGUs by mobilizing and deploying experts and teams on the ground and essential commodities (mobile and community-based teams for provision of extended health services inclusive of nutrition and WASH).
- Support the Department of Health to coordinate the health sector response, including risk and needs assessments and strategic and response planning in collaboration with the affected regions, provinces and LGUs.
- Establish and strengthen emergency disease surveillance and outbreak control, including but not limited to acute respiratory infections (ARI), fever, diarrhoea, measles, hypertension, skin disease and waterborne diseases
- Provide PPE to protect health care workers and vulnerable people in communities.
- support the affected regions, provinces and LGUs in restoring/fixing the supply chain systems for essential health, nutrition, WASH COVID supplies/equipment.
- Ensure functioning health care waste management to avoid hazardous exposure to health care workers, patients and the general public.
- Provide rapid antigen tests for COVID to screen people in evacuation shelters, donation and distribution of masks in evacuation shelters.
- Support the repair of healthcare facilities affected and provide medical supplies and equipment to maintain primary health care to the population.
- Augment LGU capacity to continue to deliver essential health services inclusive of immunization, nutrition and COVID, through mobile and community-based platforms.
- At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve preventive and curative health care practices.
- Promote and support mental health and psychosocial support to adolescents; strengthen capacity of health emergency response teams and child protection workers on basic psychosocial first aid, while integrating adolescent-sensitive psychosocial needs assessment tool in the surveillance for centralized monitoring and evidence-generation.

Sector overview (needs and response)

Typhoon Odette has disrupted access to Health Services, including SRH and Child Health services and the continuing threat brought by the COVID-19 hampers authorities' ability to respond at a time when these services are needed the most. The damages to health facilities placed the population at risk for morbidity and mortality, including the access limitation of pregnant and postpartum women and girls from accessing essential maternal and family planning information and services. Lifelines are either absent or partially functional, rendering risks to IDPs, especially women and girls. The actual extent of damages to health facilities, including that for equipment, supplies and medicines, incurred as a result of Typhoon Odette was defined more clearly after the in-depth assessments. To restart continued delivery of essential health services, including SRH services, and immunization these must be addressed. In addition, health human resources is also a concern, already aggravated by COVID-19. Disease surveillance also needs to be strengthened to identify and address arising health concerns.

COVID-19 also presents as a larger and more present concern now compared to the start of the typhoon response, given the rise in cases likely due to the omicron variant. Appropriate interventions must be in place, including disease surveillance, adequate diagnosis and management, and support to adherence to minimum public health standards.

Particularly, the affected populations have the following needs and challenges:

- Widespread injuries and many deaths
- Disruptions of access to WASH (water, sanitation, hygiene and solid waste management) that may cause outbreaks

- of diarrheal and other water-borne diseases
- Possible risk of outbreaks of vector-borne diseases and vaccine-preventable diseases, including measles
- Likelihood of outbreaks of COVID-19 in evacuation centres and other congested areas where people may have sought shelter
- Overwhelming and disruptions of health services that affect maternal, child, and adolescent health services, including basic and comprehensive emergency obstetric and neonatal care, which are life-saving, and management of chronic diseases like tuberculosis, hypertension, and diabetes
- Continue to strengthen health systems and services with the focus on primary health services with the provision of the essential supplies, medical supplies and drugs. The focus will need to be the supply of medicine and medical equipment to address common conditions (e.g., diarrhea, respiratory tract infections, injuries, skin infections, etc.) and HIV/AIDS management. Closely monitor and augment ARV supplies to encourage multi-month dispensing.
- Support the provision of safe, equitable, quality lifesaving and high impact for maternal and neonatal health to women, adolescent girls and newborns. Support the provision of safely and equitably access quality life-saving and high-impact child health services for children and adolescents. In this context, there is an urgent need to deploy mobile health teams to provide services to the communities as a temporary measure until the health facilities are functional.

- Ensure vaccination of children in areas with low coverage through supporting the two affected regions, concerned provinces and LGUs with supply chain management including storage, distribution and end-user monitoring, support to augmentation of HR for vaccination teams, and support to the operational costs. Augment equipment to ensure cold chain for vaccines for routine immunization and COVID-19.
- Disruption in disease surveillance and early warning systems, cold chain, laboratory and immunization.
- Strengthen disease surveillance in CARAGA and Southern Leyte, which requires recruitment and deployment of the surveillance officers and supervisors in the field, temporary support to the operational costs for the surveillance and capacity building.
- Limited capacity for waste management, including medical waste

Priority response

- Support strengthening of disease surveillance in affected areas
- Provision of tents to set up temporary facilities for healthcare services
- Provision of modular tents for use in health facilities and evacuation centres to maintain physical distancing requirements for infection and prevention control for COVID-19
- Mental and psychosocial health (MHPSS) – psychological first aid (PFA)
- Risk communication and community engagement
- Supplies and logistics, including the immediate dispatch of essential health commodities including emergency health kits and acute watery diarrhoea kits
- Support conduct of supplemental and catch-up immunization for children
- Support to the community and mobile health services delivery points for management of common illnesses such as diarrhea, respiratory infections, injuries, malnutrition (human resources augmentation, filling critical supply gaps etc.)
- Provide PPE for health workers and communities to support adherence to minimum public health standards for COVID-19
- IPC training/strengthening for health workers in the context of COVID-19
- support the LGUs and provinces in supply chain management for immunization, nutrition, COVID-19 vaccines and other health and nutrition related supplies.
- Sexual and Reproductive Health
- Emergency hiring of Human Resources for Health and GBV Services for integrated life-saving health and protection services, as well as immediate provision of personnel protective equipment given rising cases of COVID-19
- Repair of infrastructure and provision of SRH equipment, medicines and commodities to enable health facilities to provide SRH services.
- Provide Emergency Maternity Facility Tents and/or Women's Health on Wheels, for safe deliveries and transport support for referrals
- Support basic and emergency obstetric care (BEmONC) services through Reproductive Health and newborn health kits
- Support the integrated Reproductive Health Medical Missions (RHMMs) in areas with non-functioning health facilities and in geographically isolated and disadvantaged areas (GIDA)
- Provide hygiene kits and maternity packs with SRH and COVID-19 risk mitigation information
- Provide cash and voucher assistance (CVA) to the internally displaced pregnant and postpartum women and young girls availing maternal health services

- Provision of Youth Grants / Cash for Work and mental health and psychosocial support services for adolescents at risk for pregnancy, Gender-based violence, STI/HIV
- provide assistance to the pregnant mothers to access the delivery care services and facilitate referral to the hospitals in case of complications during pregnancy, delivery and postpartum period (mother and newborn).

Inter-cluster collaboration

Closer collaboration within the cluster and across clusters, particularly with Nutrition, WASH,

Protection, and RCCE, especially around information will be carried out.

What happens if we don't respond?

During disasters in resource-poor areas, women are often the most affected. They represent the majority of the poor, the most malnourished, and the least educated, and they account for more than 75% of displaced persons. After disasters, studies have shown that women have more miscarriages, premature deliveries, cases of intrauterine growth restriction (IUGR), low birth weight infants, sexual violence, and undesired pregnancies. Health care facilities and providers are stretched even further. Pregnancy complications and childbirth in unsafe conditions increase maternal and infant morbidity and mortality. Therefore, adequate support (including funding) must be provided to ensure that displaced populations, especially pregnant women, newborn and children have access to prenatal services and safe deliveries by trained birth attendants; neonatal care, care of children with common illnesses, women and girls who do not desire to get pregnant have access to contraception.

Poor disease surveillance will lead to delayed measures to address arising health concerns, putting affected areas at greater risk of outbreak of communicable diseases such as COVID-19, cholera, measles, etc. In 2021, accomplishments for fully immunized children was low in typhoon affected areas. If supplemental and catchup immunization are not done, children under 5 will continue to be at risk for vaccine-preventable diseases, especially in post-disaster situations where health, nutrition, hygiene, and sanitation services may not be fully functional.

COVID-19 cases are surging in the country with the presence of the more transmissible omicron variant. Communities need support to continue to practice minimum public health standards to control the spread of COVID-19 in current conditions with compromised housing, sanitation and hygiene, and health services.

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Logistics

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
Government and humanitarian workers	All affected areas as requested by Government	5M

Objectives

- Establish temporary logistics hubs, to be handed over and managed by the Government, comprised of Mobile Storage Units, prefab offices, and generators.
- Provide trucking capacity for the delivery of Government supplied relief items.
- Coordinate the Humanitarian logistics response.
- Information management on the logistics infrastructure, rules, and regulations.

Sector overview (needs and response)

The Logistics Cluster support provided to the Government to date has covered a wide geographic area, including locations outside of the current HNP. This coverage will continue, and possibly expand, over the coming months. Destinations for where the Logistics Cluster will deliver cargo will depend on requests from the Government. Locations where Government supplied relief items have been delivered to date by the Logistics Cluster include the following: Surigao City, Cebu City, Bohol, Iloilo City, Dumaguete City, Himalayan City, and Southern Leyte; and to airports in Clark, Pampanga and Mactan, Cebu.

In the original HNP the Logistics Cluster estimated that it would need USD 4 million to set up 4 logistics hubs for the consolidation and temporary storage of Government cargo, and transport support in the form of trucking capacity. Now the cluster is seeking an additional USD 1 million based on the current demands from the Government. To date the Logistics Cluster has set up 3 of the 4 planned Logistics Hubs and provided

nearly 300 trucks for the transport of various relief items. Recently direct requests have come from the OCD to provide an additional 300 trucks. The Cluster also expects more demands for last mile delivery which will increase the unit cost per truck. The supply lines of Government provided relief items has continued and is robust for the foreseeable future. However, the Government has also communicated that they do not have all the necessary resources available to transport all relief items within the target timeframe and are requesting additional support from logistics cluster. To date, the Logistics Cluster has established 3 out of the 4 hubs in locations identified as priority by the Government. These hubs have been handed over to the Government to support the temporary storage, consolidation and onward distribution of the relief items. The hubs include a Mobile Storage Unit, a generator, and prefab office to support the government logistics operations in response to the Typhoon. The location for the final hub is being reviewed and the hub expected to be established in the coming weeks. The Logistics Cluster has agreed

to fill all requests received from the Government for transport of their relief items to and from locations around the country. In addition, the Logistics Cluster recently received a request for prolonged assistance from OCD. That request was for an additional minimum 300 more trucks to move cargo currently available. The request also asked for support with last mile delivery which will be provided, when possible. The

Priority response

- Ongoing support to the Government with the transport of critical relief items to and from locations throughout the country as well as last mile delivery, when possible.
- Support the establishment of emergency logistics hubs on behalf of the Government to

Logistics Cluster continues to share critical logistics information and updates including access constraints and available commercial logistics services. The cluster is seeking an additional USD 1 million based on the updated requirements from the Government. The Cluster also expects more demands for last mile delivery which will increase the unit cost per truck.

- support the temporary storage, consolidation, and onward distribution of relief items.
- Ongoing sharing of critical logistics information on logistics constraints and available capacities.

Inter-cluster collaboration

The Logistics Cluster is a support cluster, providing cross cluster support and thus works with all others. In this operation, the Logistics Cluster is directly supporting the Government. The requests for logistics assistance received to date

from the Government for support have covered multiple clusters such as food, health, shelter, and hygiene. Therefore, the Logistics Cluster response has reached across multiple clusters.

What happens if we don't respond?

The Logistics Cluster response to date has provided essential support to the Government supply lines with delivery of life saving and life sustaining needs such as food, water, shelter items, and hygiene items. Without the Logistics Cluster interventions critical gaps in the Government response would be substantially delayed in reaching key areas. Given that the Government has resources and has already

purchased large quantities of relief items that only need transportation support to be delivered to beneficiaries there is a risk that cargo could be diverted to other parts of the country or expire and thus must be destroyed. Therefore, continued operations of the Logistics Cluster are necessary to maintain the response efforts and delivery of Government assistance.

Contact

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Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
322K	161,200 children and women	Regions VII (Bohol, Cebu), VIII (Southern Leyte) and Caraga (Surigao del Norte, Dinagat Islands).	4.45
	133,800 children 0-5 years	Regions IV-B (Palawan), V, VI, IX, X, XI, and XI for support with cluster coordination and treatment of acute malnutrition.	
	27,400 pregnant and lactating women		

Objectives

Emergency-affected people meet their immediate nutrition needs and avoid nutritional deterioration

through improved access to life-saving and preventive nutrition interventions over six months.

Sector overview (needs and response)

The super typhoon Odette (Rai) severely compromised the communities' access to nutrition services, nutritious and diversified diets heightening the risk of malnutrition among children under 5 years of age. Prior to Typhoon Odette malnutrition was high with stunting reported at 36.4% in Caraga region, 41.7% in Region 8 and 37.3 in Region 7; wasting at 8.1 in Caraga, at 8.4% in Region 8 and at 7% in Region 7. A reported 53% of households Caraga, 49% in Region 8 and 42% in Region 7 could not afford a nutritious diet prior to the Typhoon, and only 10 percent of children 6-23 months are consuming the Minimum Acceptable Diet" Nearly a quarter (23% of pregnant women are "Nutritionally at Risk" and 10 % of lactating women are "Chronic Energy Deficient" and is more pronounced among the teen-aged mothers.

The Nutrition Cluster's implementation strategy aims at providing priority life-saving interventions to prevent and treat malnutrition among children 0-59 months, pregnant women, and breastfeeding mothers – special attention will be provided to adolescent pregnant and breastfeeding mothers.

The strategy involves early identification of children with wasting and other forms of acute malnutrition and treating those identified with severe or moderate acute malnutrition using specialized therapeutic food commodities and medical care for children with medical complications. To improve access and coverage, simplified treatment protocols and approaches are used for the management of acute malnutrition. Support and promotion of breastfeeding through support groups and community volunteers' systems, provision of fresh, diversified, and nutrient dense complementary foods for children 6-23 months to prevent deterioration of nutrition status.

Nutrition services delivered through the health facilities have been disrupted due to the destruction of health facilities, alternative mobile facilities and community-based platforms will be used to deliver care to the affected population. This includes capacity building and augmentation of nutrition human resource, replacement of anthropometric equipment, job aids and

information and communication materials needed to deliver essential nutrition services.

A package of nutrition interventions will be delivered to pregnant women and breastfeeding mothers – with special attention to pregnant adolescent girls and other nutritionally at-risk mothers. The package of interventions includes nutrition assessment, multiple micronutrient supplementation, deworming prophylaxis, nutrition counseling, and nutrition support through balanced energy protein supplementation for pregnant women. Promotion and support of breastfeeding and monitoring donation of breastmilk substitutes in compliance to the Philippine Milk Code.

Furthermore, the nutrition cluster ensures effective cluster coordination, information management, and communication, and advocacy with Food Security, Health and WASH and other clusters to ensure that both nutrition-specific and nutrition-sensitive interventions are given priority. So far, ten information management officers with three cluster coordinators are being recruited to facilitate efficient coordination and information management of response activities at the provincial, regional and national level.

The Nutrition Cluster will coordinate closely with – **Food Security and Agriculture Cluster** to ensure diversification of the standard food packs to

families with pregnant women and young children 0-23 months to include fresh foods, fruits, vegetables and more nutrient dense foods, and targeting of pregnant women and families with undernourished children for cash transfers; the **WASH Cluster** on availability of safe drinking water, access to sanitation and hygiene facilities, and support to hygienic practices; and, the **Health Cluster** to ensure prevention and control of communicable (specifically measles) and non-communicable (injuries) diseases; **Emergency Telecommunications and Logistics Clusters** for effective coordination and deployment of staff/distribution of resources, transportation and warehousing of specialized foods commodities. **Child Protection Sub-cluster** to integrate nutrition screening of children, protect, promote, and support breastfeeding mothers including providing infant and young child feeding messages in the child friendly spaces.

The primary mode of delivery of nutrition interventions will be through the existing government structures and platforms, and as applicable in integration with existing services and programs. In areas where government platforms such as health facilities are destroyed or disrupted, temporary platforms including mobile facilities will be used to deliver services to the affected population

Priority response

- Ensure predictable, timely, coordinated, and efficient nutrition response to the emergency affected population.
- Deliver timely nutrition interventions to children 0-5 years, pregnant and lactating women to prevent stunting, wasting, micronutrient deficiencies and overweight. Specifically:
 - Conduct weekly nutrition screening of children under 5 years of age, pregnant and lactating women to identify and treat malnutrition.
 - Treat children with severe acute malnutrition and moderate acute malnutrition.
 - Support and promote breastfeeding practices through IYCF support groups and establishment of milk banks, Monitor donation of breastmilk substitutes in compliance to the Philippine Milk Code.
 - Provide fresh foods that are nutritious and diversified complementary foods for infants

- and young children 6-23 to prevent deterioration of nutritional status.
- Provide micronutrient supplementation including Vitamin A and multiple micronutrient powders to children 0-5 years.
- Provide a package of nutrition interventions to pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – this includes iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support through balanced energy protein supplementation for pregnant women.
- Replace of anthropometric equipment, nutrition job aids, including maternal nutrition, infant and young child feeding counseling tools to ensure continued delivery of essential nutrition services
- Deliver nutrition supplies and commodities (including transportation and distribution). Specifically:
 - Therapeutic Food Supplies– RUTF, F-75, ReSoMal
 - Micronutrient supplements – Children (MNPs, Vitamin A), IFA for pregnant women.
 - Nutritious complementary foods for children 6 – 23 months – enhanced food packs for children.
 - Child and Adult MUAC tapes, weighing scales and height boards for screening of children & pregnant women.
- Establish and support nutrition information systems, including nutrition assessments to provide timely and quality data and evidence are essential to identify and treat children suffering from malnutrition.
- Deliver evidence-based interventions with a workforce supported in their knowledge, skills, and capacity building in nutrition. As required, augment human resource needs at the facility, community level and in evacuation centres.

Inter-cluster collaboration

Families with identified malnourished children and pregnant and lactating women are less mobile and are thus more vulnerable to being excluded from receiving adequate or quality services. Thus, targeting such families not only for nutrition interventions but also for other social and even livelihood services (“cash for work” or “food for work” component of the Food Security and Agriculture Cluster) will help ensure that the family is food secure, and, in the long term, improve the family members’ health and nutrition status. Likewise, targeting farmers and fisherfolks who are most affected by the typhoon and is the priority sector of the Food Security and

Agriculture Cluster, will be included as well for nutrition intervention. Nutrition cluster will mainstream gender and work with GBV sub-cluster to include GBV mitigation measures.

In Caraga, Southern Leyte, Cebu and Bohol, where integrated mobile teams will screen and treat children with acute malnutrition integrated with health, distribution of WASH supplies, mental health and psychosocial support services and disease surveillance for common illness, such as acute watery diarrhoea, upper respiratory tract infection, COVID-19 among others.

What happens if we don't respond?

Around 45% of deaths among children under five years of age are linked to undernutrition. These mainly occur in low- and middle-income countries. The effects of malnutrition can cause permanent, widespread damage to a child's growth, impair their brain development, and leave them susceptible to disease.

Super Typhoon Rai severely compromised the communities' access to nutritious and diversified nutrition services, clean water and sanitation, and health services, heightening malnutrition risk among children under five years of age.

Children who were already malnourished before the typhoon are most vulnerable to illness and death. The effects of nutritional status, unlike

infections, are not always evident in the immediate aftermath of emergencies. They take time to develop, and if no response is taken to prevent further deterioration of nutritional status, the effects could be catastrophic and costly to address, not just for wasting but also stunting. Thus, prevention is best. If prevention fails, there is a need to quickly treat children as a child suffering from severe acute malnutrition is nine times more likely to die than a well-nourished child. Preventing deaths and protecting peoples' right to nutrition are the main goals of the emergency response as good nutrition is the right of every child.

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Cebu City

Nutrition Cluster members undertake a Rapid Nutrition Assessment in Alaska Elementary School Evacuation Center. Credit: UNICEF



Protection, Child Protection and Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.4M	831,410 people (including 315,935 children, 290,000 at risk women and girls and 344,710 affected population including internally displaced population)	CARAGA: Surigao del Norte, Surigao del Sur, Dinagat Islands, Agusan del Norte Region VIII: Southern Leyte, Leyte Regio VII - cebu and Bohol	13.2M Including \$8,70,500M for GBV and \$2,343,500 M for Child Protection

Objectives

- Address the protection needs of the displaced population in Caraga region and the provinces of Southern Leyte, Cebu and Bohol.
- Ensure that women, children, older people, persons with disabilities and other groups at potential heightened risk have access to services while applying age, gender and diversity lens to protection interventions.
- Complement government services related to WASH, health, other core relief assistance, and quick impact projects, leading to early recovery of severely affected families and individuals.

Sector overview (needs and response)

Cross-cutting protection issues have been identified and assessed such as access to food, WASH, shelter, health and protection services, including MHPSS support.

Housing Land and Property (HLP)-related issues have emerged. This includes gaps in proper consultation and information of the government relocation plans for IDPs. In Southern Leyte, issues on whether families that live within the 40m no-build zones will be allowed to go back or not. In Siargao island, the Regional Office of DENR

issued a notice for non-rebuilding of structures within the legal easements of Siargao island. Likewise, there are protection issues regarding the return and/or relocation of Sama Bajaus in Surigao City and Maasin City to more secure areas.

Community infrastructures that promote, among others, proper WASH, healthy environment, and economic activity were devastated and therefore need repair and/or replacement.

Priority response

- Provision of life-saving food and non-food items.
 - Provision of shelter repair kits.
 - Implementation of quick impact projects and emergency livelihood.
 - Risk communication and community engagement activities to deliver life-saving messages such as COVID-19 prevention, child protection, and preventing sexual exploitation and abuse.
 - Systematic inclusion of the most vulnerable people and people with disabilities in data collection, registration, and all assessments (collect sex, age, and disability disaggregated data - SADD).
 - Efforts to ensure that all affected populations including older women and men, and women, men, girls, and boys with and without disabilities can access assistance and benefit from the humanitarian response (NFI, Food, Medicines, etc.) on an equal basis with others (inclusive humanitarian action).
 - Provision of additional relief items including non-food items (blankets, hygiene kits, mosquito nets, cooking sets, sleeping mats), that are appropriate to the needs of vulnerable people and persons with disabilities.
 - Awareness raising and capacity building activities for government actors, I/NGOs on inclusive humanitarian actions and inclusive recovery.
 - Provision of psychosocial support to affected families.
 - Provision of core relief items.
 - The need to mainstream protection in all sectors/interventions will be underscored.
- Livelihoods
- Prioritization of the persons with specific needs.
- Emergency shelters and NFI
- Installation of communal solar lamps.
- WASH
- Ensuring that WASH interventions are inclusive and consider the needs of persons with disability, older persons, women, and children.
- CCCM
- Public awareness activities on the rights of the IDPs. Measures for privacy for families and separate bathroom facilities.
- Health
- Risk communication and community engagement in line with COVID-19 pandemic.

Inter-cluster collaboration

Housing, land and property issues to be coordinated with the Early Recovery Cluster and Shelter Cluster to ensure access of IDPs to transitory and/or permanent shelter. Collaboration

shall be made across all clusters in view of the cross-cutting protection issues (i.e. access to food, shelter WASH, health).

What happens if we don't respond?

If the protection issues will not be addressed, the situation of the affected population including internally displaced population may deteriorate, causing further harm, loss of life, or may even create security risks.

Child Protection - National Child Protection Working Group

Objectives

- Strengthen family and community support mechanisms and linkages with national and sub-national child protection systems
- Identify and address mental health and psychosocial support (MHPSS) needs of children and caregivers through community-based and multisectoral MHPSS services
- Strengthen child protection systems to prevent and respond to all forms of violence, including GBV and SEA
- Enhance national and sub-national level Child Protection Sector coordination providing technical assistance, capacity development, and leadership to partners and promoting application of the Core Commitment for Children in Humanitarian Action, Child Protection Minimum Standards in Humanitarian Action (CPMS) and its principles.

Sector overview (needs and response)

An estimated 840,000 persons are in need of humanitarian support from TY Rai/Odette. With the results of the recent assessments indicated the humanitarian partners will need to target a larger proportion of the affected population. With the revised HNP, the humanitarian partners plan to target 315,935 children. Out of that number, the NCPWG/RCPWG estimated the number of children in need of child protection will be 50% which comes to 157,967.

Aiming to provide life-saving support for children and their families, the NCPWG and RCPWG intends to reach a maximum of 82,000 children in need of protection in all regions affected.

One of the biggest challenges remains the unavailability of data through a CPMIS or other robust monitoring system. One of the specific needs is investment into CPMIS to allow for future data collection. With partners just initiating their child protection support on the ground and consultants yet to be onboarded, it is envisaged that in the near future, project monitoring will be one method to capture progress.

The current strategy aims at providing and strengthening essential services to mitigate the impacts of the Typhoon on children and their caregivers. This includes MHPSS services delivered to children through CFS and through partners on the ground; child protection prevention and response services for children exposed to violence, including GBV, also delivered through CFS, government and non-government partners. In addition, the strategy also includes strengthening and expanding the current national response structures already providing support to children such as Child Protection Units, Child and Women desks, and case management delivered through DSWD. Strengthening of existing systems and services helps to bridge the humanitarian-development nexus by expanding coverage to include affected populations and regions.

The targets for child protection include mainly children at risk of violence, abuse and exploitation, children who have suffered from any trauma related to the Typhoon, children who have lost parents, are unaccompanied or have been separated from caregivers, and children who have

experienced child protection abuses and require immediate help.

The main modalities for extending support to children include through existing government services, where these are operating, and through partner organizations where services are lacking and in more remote areas. For example, the NCPWG are activated at the regional level

(RCPWG) covering both CARAGA and S. Leyte. Surge staff placed in the field will be on board to support coordination and implementation. Standby partnership for humanitarian response are also finalized and gearing up to be implemented. These modalities take into consideration the remote nature of affected populations.

Priority response

- Supporting cluster coordination, information management and provide technical assistance to government partners for the prioritization and integration of child protection principles.
- Provision of community-based mental health and psychosocial support to affected girls, boys, parents/caregivers, teachers including establishment of Child Friendly Spaces (CFS), while observing safety protocols prescribed by the Health cluster.
- Support to LGUs for the promotion and implementation of SOPs and facilitate continuity of child protection services
- Mapping of social service workforce responding to emergency
- Support to Women and Child Protection Units and other CP service providers in providing child protection services (child-centered, integrated medical, psychological, and legal services for children and women survivors of violence) including provision of medical supplies and equipment to ensure continued functionality.
- Family tracing and reunification of unaccompanied and separated children (UASC).
- Scaling-up of activities including advocacy, communications, and awareness raising activities around prevention and response to abuse, exploitation, violence, and neglect including PSEA.
- Strengthening child protection systems, referral and provision of appropriate case management interventions.

Inter-cluster collaboration

The NCPWG and RCPWG will closely work with Protection, Education, WASH, GBV, Early Recovery, Emergency Shelter, WASH, CCCM, Health Clusters including the PSEA Task Force to ensure children and families have access to holistic and integrated support on community-based mental health and psychosocial support, as well as securing a protective environment while their parents/caregivers and other support system are managing the recovery from TY Odette such as for earning livelihood or re-building homes. Moreover, referral systems are aimed to re-established with Health sector/department for referring of cases of injuries, mental health and other diseases cases. The cluster will also closely work with WASH sector for gender segregated toilets and advocate for proper lightening and if need be, support with solar lamps to counter sexual violence.

What happens if we don't respond?

The cluster targets are revised based on extreme and unmet needs in Region VII, while considering the existing gap of reaching the initial cluster targets in Caraga and Southern Leyte. The cluster targeting has almost doubled to ensure children in need of psycho-social support and at higher risk to violence, abuse and exploitation are supported; tempering the effects of the typhoon that may result to additional distress, negative coping mechanism, and danger.



Gender-based Violence (GBV)

GBV Coordination Objectives:

- Activation of Regional/Provincial Gender Based Violence Sub-cluster to coordinate GBV life-saving responses and leverage resources from various stakeholders.
- Support integration of services for Sexual Exploitation and Abuse (SEA) survivors into the GBV referral pathways, and support dissemination of PSEA messaging in target areas to prevent and address SEA by humanitarian workers.
- Establishing minimum Gender Based Violence referral pathway (where non exist) and strengthen existing GBV referral mechanisms, and dissemination of referral information, to ensure access of GBV survivors to life-saving multi-sectoral services.
- Conduct of Gender Based Violence Safety Audit in existing/remaining Evacuation Centers to ensure safety and protection of women, girls, persons with disabilities and other vulnerable population, and support conduct of Rapid Gender Needs Assessment to highlight the unique needs of women and girls to inform emergency programming and rehabilitation.

GBV Response and Risk Mitigation Objectives:

- Deployment/Organizing of Community-based Women Friendly Space Facilitators to serve as entry points for GBV reporting, to conduct awareness-raising sessions and provide psychosocial support interventions in evacuation centers and communities affected.
- Establishment of safe spaces (WFS) for women and girls to mitigate the risk of gender-based violence and provide multi-sectoral GBV response services (mental health and psychosocial support, medical, referral, transport) and supplies, including dignity kits/hygiene kits.
- Capacity building of service providers on survivor-centered approach to addressing GBV.
- Ensure the functionality and availability of supplies and human resources of Women and Children Protection Units for provision of multi-sectoral GBV response services including Clinical Management of Rape-Intimate Partner Violence, mental health and psychosocial support and referrals.
- Support to livelihood for women and at-risk individuals and groups including PWDs and Disability People's Organizations.
- Support to women and youth-led innovative solutions through small grants to address multi-sectoral needs on GBV response towards early recovery and rehabilitation.

Sector overview (needs and response)

More than a month after Typhoon Odette, there is not adequate access to life-saving health services for GBV survivors and at-risk women and girls, including gaps in psychosocial support interventions to women, girls and other at-risk groups (i.e. elderly, People with Disabilities). More work is required to monitor and ensure GBV risks mitigation measures are routinely implemented across all sectors of humanitarian response, including in displacement sites. Static, fixed location GBV protection and response services for women and children in severely affected communities are limited or not in place in some locations. Key reasons why the services do not exist or are limited are because the services were not in place prior to ST Rai; the shortage of human resources/service providers; safety/infrastructure issues. Where remote service provision entry points exist, such as hotlines services the prolonged power and communication outages limit the ability of GBV survivors to report and access immediate life-saving services. While reporting of GBV cases in an emergency is not an accurate indicator of need or incidence,¹⁶ service providers report that survivors are continually seeking to access services, including at PNP - WCPCs.

The factors exposing people to increased GBV risks are shifting as patterns of displacement and response evolve. The majority of the affected population, particularly in the CARAGA region have gradually returned to their homes in the coastal areas and in the remote islands to build make-shift houses in the absence of sturdy housing materials. While this may reduce some types of GBV risks associated with emergency group shelter and separation of family structures and social networks, other GBV risk factors are expected to increase. Reaching these dispersed individuals with services may be more costly and challenging,

which will require flexible programming and humanitarian response.

For the provinces of Cebu and Bohol, there has been no GBV rapid assessment conducted to date. However, these areas are known hotspots of sex trafficking with the National Demographic and Health Survey (NDHS) Prevalence for Physical, Emotional and Sexual Violence at 37 percent for both provinces. Internally displaced families and individuals whose houses are totally damaged may face longer exposure and increased risks to sexual violence. The risks of GBV can be compounded by overcrowding and lack of privacy for affected population who may have to stay longer in evacuation areas and in private homes or temporary accommodations. The prolonged lack of electricity limits women and girls' movement at night and exposes them to various forms of sexual violence especially when going to toilets without proper lighting. Potential long-term risks (e.g. GBV, trafficking, prostitution) as a result of personal coping mechanism such as borrowing money and seeking employment in urban areas may increase. Recruitments for domestic work abroad, even if illegal, may be seen as attractive to communities with high incidence of poverty.

Given this fast evolving context, the GBV Sub-cluster will focus on activating local protection mechanisms, capacitating local protection actors on addressing GBV, development and dissemination of referral pathways, re-establishing multi-sectoral services for GBV survivors, resource augmentation to local GBV services including the provision of psychosocial support services, organizing community-based women friendly space facilitators, cash for work, and support to women and youth's livelihood and community-

¹⁶ Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected

populations; treat it as a serious and life-threatening problem; and take actions based on recommendations outlined in the IASC GBV Guidelines, regardless of the presence or absence of concrete 'evidence.' [IASC GBV Guidelines 2015](#)

based solutions to GBV risk mitigation towards rehabilitation and recovery.

Priority response

GBV coordination:

- Activate Regional GBV Sub-Clusters to coordinate GBV life-saving responses and leverage resources from various stakeholders.
- Ensure GBV referral mechanisms integrate services for survivors of SEA, and support PSEA actors for awareness-raising in affected communities to prevent SEA by humanitarian workers.
- Establish minimum GBV referral pathway (where none exists) and strengthen existing GBV referral mechanisms, and disseminate referral information, to ensure access of GBV survivors to life-saving multi-sectoral services
- Conduct GBV Safety Audit in Evacuation Center to ensure safety and protection of women, girls, persons with disabilities and other vulnerable population, and conduct of Rapid Gender Needs Assessment to highlight the unique needs of women and girls to inform emergency programming

GBV prevention:

- Deploy and organize community-based mobile GBV Watch Groups to serve as entry points for GBV reporting, conduct awareness-raising sessions and provide PSS interventions in evacuation centers and communities affected.
- Support women and youth-led innovative solutions through small grants to address multi-sectoral needs on GBV response.
- Conduct of RCCE activities to promote positive parenting and prevention of Violence Against Children.

GBV response:

- Establish safe spaces (WFS) for women and girls to mitigate the risk of GBV and provide multi-sectoral GBV response services and supplies, including dignity kits/hygiene kits.
- Ensure the functionality and availability of supplies and human resources of Women and Children Protection Units for provision of multi-sectoral GBV response services.
- Cash and voucher assistance for life-saving assistance to GBV survivors to enable access to multi-sectoral response services.

Inter-cluster collaboration

Within the Protection Cluster, the GBV Sub-Cluster will work with the child protection sub-cluster to ensure that the needs of child survivors are addressed. The GBV Sub-Cluster will also work

closely with the Health cluster for multi-sectoral interventions on addressing GBV, particularly on the clinical management of rape and intimate partner violence. Strong collaboration with the

livelihood cluster is also crucial to ensure that women, adolescents and other at-risk individuals and groups are engaged and prioritized in livelihood and early recovery efforts. Finally, the GBV Sub-cluster will work closely with the Food and Agriculture Cluster to mitigate any negative

coping mechanisms of community members, especially women and adolescents due to prolonged lack of food supply such an engagement in prostitution and falling prey to human trafficking.

What happens if we don't respond?

The cost of inaction will have tremendous impact on the lives of women, girls and other at-risk groups including pregnant and lactating women, PWDs given that pre-existing GBV prevalence is high in Cebu and Bohol. Potential long-term risks (e.g. GBV, trafficking, prostitution) as a result of

personal coping mechanism such as borrowing money and seeking employment in urban areas may increase. Recruitments for domestic work abroad, even if illegal, may be seen as attractive to communities with high incidence of poverty.



Padre Burgos, Southern Leyte
Photo: UNOCHA/I. Lapid

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Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
2.4M	740K	Caraga: Surigao del Norte (including Surigao City and Siargao Island), Surigao del Sur and Dinagat Island Region VIII: Southern Leyte. Region VII: Cebu, Bohol Region IV-B: Palawan	29M

Objectives

In general, significantly minimize the spread of diarrheal and other WASH-related diseases that can have life-long impact on the nutritional status of especially children, as well as contribute to the control of COVID-19 infections by:

- ensuring that sufficient and safe water is immediately provided and accessible to the most vulnerable women and girls, men and boys, who may have less capacity to cope with the impact of the super typhoon;
- ascertaining that basic sanitation facilities and hygiene supplies, including for COVID-19 infection, prevention and control (IPC), following national standards, are available to the target

population to immediately arrest open defecation while ensuring protection of most especially women and girls;

- proactively promoting and communicating key health and hygiene messages in emergency and pandemic situations; and
- extending support in harnessing the capacity to coordinate WASH response activities that abide by minimum standards, including on protection, gender, accountability to the affected population, and prevention of sexual exploitation and abuse (PSEA) at national and sub-national levels.

Sector overview (needs and response)

Super typhoon Rai severely compromised access to safe water and sanitation facilities and services, heightening the risk of water-borne disease outbreaks, particularly amongst children. In many severely affected areas in the Visayas and Mindanao, majority of the typhoon survivors are still subsisting on water from surface sources such as open springs, and on hand pumps which likely have been contaminated by mud, flood and sea waters, for drinking and domestic use. This is a serious concern, especially as water quality monitoring and treatment, though immediately resumed by local health offices, still have to pick up pace with assigned local health and sanitation personnel facing serious challenges in terms of

lack of testing equipment and reagents, logistics, and extensive area coverage. Even in urbanized provinces like Cebu and Bohol, access to safe water remains a challenge more than a month after the disaster as Level III water systems dependent on electricity which is still to be completely restored, are not yet functioning in full capacity. Overall, operations of at least 141 water districts have been disrupted by the super typhoon according to a press release by the Local Water Utilities Administration (LWUA).

With more than a million houses damaged by the super typhoon, almost half of which have been flattened to the ground, including their WASH

facilities, thousands of families are still lacking access to adequate sanitation and hygiene facilities and supplies. This has obviously increased practice of open defecation and in the current COVID-19 pandemic situation, has compromised adherence to minimum health protocols such as regular handwashing with soap and water. More than a month after, a few evacuation centers remain, still with very limited WASH facilities. Internally displaced people (IDPs), those who still don't have standing abodes to go home to, are now residing with families and relatives in host communities.

With a still dire WASH situation in the typhoon-ravaged areas more than a month after, reports of increasing severe diarrhoea cases even amongst children persist, more notably in the island communities such as Siargao and Dinagat. Surges in diarrhoea cases in acute emergency situations, is always alarming, not only as this can lead to death of young and old people alike, but, specifically for children (under 5 years old), repeated bouts of diarrhea can lead to undernutrition and stunted growth, which will be irreversible for the rest of their lives.

At the institutional level, super typhoon Rai swept hard on HCFs, including those catering to COVID-19 cases, as well as on learning centres (schools, early child development centres), including on their WASH infrastructures. From a recent Health Emergency Alert Reporting System (HEARS) report of the Department of Health (DOH) at least 200 HCFs have been seriously damaged. According to the Department of Education (DepEd), in Caraga alone, some 527 school buildings sustained serious destruction valued at a whopping PHP 2.4 billion (US\$47 million). As such the planned piloting of face-to-face classes

in the region supposedly at the start of 2022 has now been gravely compromised.

Partners of the WASH Cluster, both at national and sub-national levels (Caraga, Region VIII), co-led by DOH and its regional offices, together with UNICEF, continue to extend immediate and life-saving WASH assistance to the most vulnerable sectors of the affected population. To date, more than 800,000 people have been reached with various WASH actions, from distribution of water kits, water trucking, disinfection and minor repairs of Level I water systems, to provision of hygiene kits alongside health and hygiene promotion. This represents about 5% - 18% achievement so far against cluster indicators set for water (# people who have access to safe water), hygiene promotion (# people benefitting from access to adequate and appropriate knowledge on good hygiene behavior), and sanitation (# people using safe and dignified latrines and handwashing facilities); see WASH Cluster Super typhoon Odette Dashboard ([WASH Cluster dashboard](#)).

Moving forward, as focus was initially more on water supply and hygiene, sanitation interventions will have to quickly pick up; for example, shelter repair kits have been distributed, including in Cebu, Bohol and Palawan but these did not include basic materials for toilet repair. Approach will now have to shift more to home-based settings (in host communities) while already anticipating the setting up of relocation sites for homeless IDPs requiring not only sufficient attention on WASH but on continued protection of especially women and girls. In terms of modalities, as markets particularly in urbanized provinces are increasingly back in full operation, cash transfer programming, e.g., in distributing toilet repair kits, will be considered.

Priority response

Water supply

- Provision of water kits (water containers and water disinfection materials); alternatively, distribution of either water containers or water disinfectants.
- Limited water trucking in remaining evacuation centres and in critical communities, e.g., those continuously subsisting in surface water sources.
- Provision of standard/accredited water quality monitoring equipment, including replenishment of reagents; disinfection and minor repairs of Level I and Level II water sources.

Sanitation

- Installation of emergency/temporary and semi-permanent latrines, handwashing facilities, and bathing facilities, including support to operations and maintenance, and adhering to protection standards, in remaining evacuation centres.
- Construction of communal semi-permanent latrines, handwashing facilities, and bathing facilities, including support to operations and maintenance, and adhering to protection standards, in critical communities hosting home-based IDPs.
- Distribution of household toilet repair kits, including in Cebu, Bohol and Palawan; cash transfer programming to be considered.

Hygiene Promotion

- Distribution of hygiene kits with COVID-19 additions (basic cleaning and disinfection supplies, masks for adults and children, basic PPE).

- Hygiene promotion, including on COVID-19 IPC measures; alongside organizing for WASH, e.g., formation of community-based WASH committees.
- WASH in learning centres (schools, early childhood development centres):
- Immediate repair and rehabilitation of damaged WASH facilities.
- Provision of WASH supplies, including COVID-19 cleaning and disinfection institutional kits, also in support of resumption of face-to-face learning.
- Reconstruction and expansion of WASH facilities alongside rebuilding plans of the Government/DepEd.

WASH in HCFs:

- Application of basic WASH-Facilities Improvement Tool (FIT) and immediate repair and rehabilitation of damaged WASH facilities.
- Provision of COVID-19 cleaning and disinfection institutional kits including basic PPE for sanitary workers to affected Rural Health Units and Barangay Health Centers/Stations, and COVID-19 facilities.

WASH Coordination

- Expanded technical assistance in coordinating WASH response activities at the national and sub-national levels particularly on strategic planning and advocacy.

Waste management

What happens if we don't respond?

The increase in diarrhea cases and other WASH-related diseases in acute emergency situations, where people have very limited access to safe water and are not able to practice proper hygiene, is always alarming, not only as this can lead to death of young and old people alike, but, specifically for children (under 5 years old), repeated bouts of diarrhea can lead to undernutrition and stunted growth, which will be irreversible for the rest of their lives.

Inter-cluster collaboration

Close coordination will be required with the Health and Nutrition Clusters which are also under the Health Quad Cluster being led by DOH along with WASH and Mental Health and Psycho-Social

Services (MHPSS); with the Shelter and Camp Coordination and Camp Management (CCCM) clusters; and with the Protection Cluster, including its GVB and Child Protection Sub-clusters.

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Southern Leyte

Credit: UNOCHA/A. Garcia





Coordination

PEOPLE TARGETED	TARGET AREAS	REQUIREMENTS (US\$)
HCT and partners including national NGOs, CSOs, INGOs, private sector and government counterparts at the national and local levels	Caraga, Region VII and Region VIII	1.60M

Objectives

Support the government to coordinate an effective and principled emergency response to

Typhoon Rai to save lives and protect people and their livelihoods.

Sector overview (needs and response)

On 19 December in the immediate aftermath of Typhoon Rai, the NDRRMC accepted HCT's offer of support, including the coordination of international aid, facilitation of needs assessments, information management services and in-kind contributions. As of late January, 70 organizations and 145 partners are responding with life-saving activities and protection services, coordinated through 11 humanitarian clusters at national and subnational levels. Partners represent the UN system, Red Cross and Red Crescent Movement, the private sector and national and international NGOs under the HCT-umbrella.

Considering the growing humanitarian needs, logistics constraints, access limitations, adverse health and socio-economic impacts of the COVID-19 pandemic, and existing vulnerabilities such as protracted internal displacement, the response calls for significant coordination services so that a diverse set of actors can effectively contribute to a collective response in support to government-led relief efforts.

During the first weeks of the response, humanitarian coordination hubs have been established in the two most affected regions, including in Butuan City for Caraga region – with the team moving forward to Surigao City – and in

Ormoc City in Region VIII – with the team moving forward to Maasin City, once logistics constraints permit. Coordination teams work closely with regional, provincial and local authorities and are integrated through government-led clusters. With the growing amount of HCT activities, the size and location of these and additional hubs need to be adjusted commensurate to the coordination requirements on the ground.

Coordination hubs benefit from a number of thematic expertise: The HCT and partners remain committed to monitor the evolving needs of the affected people through ensuring a systematic approach to community engagement and accountability to affected people throughout the response. As humanitarian activities scale up, it is important that communities are able to access information on humanitarian assistance and other life-saving information that allow them to make informed decisions. The real-time collective platform for community voices serves to regularly learn about the unique needs and priorities of affected people including vulnerable groups, including the reporting on issues of sexual exploitation and abuse. The HC, HCT, Cluster Co-Leads and OCHA commit to improving needs-based prioritization so that humanitarian assistance and protection reach the people who need it most. All HCT partners advocate and

address the specific needs of vulnerable groups so that they are protected against violence and have equal access to humanitarian aid.

What happens if we don't respond?

Without full funding, the work of 70 organizations and 145 partners currently engaged in the humanitarian response will not be sufficiently coordinated. This would have an immediate impact on the identification of priority needs of most affected and most vulnerable communities, as well as the efficacy and efficiency of response activities proposed in this document in augmentation of government activities. Limited ability in coordinating activities may lead to gaps

and overlaps in the assistance delivered by cluster members and affect much-needed accountability to communities. Failure to secure sufficient funding will result in reduced coordination at national and sub-national level, including the reduced support on technical expertise such as on gender, cash coordination, accountability to affected people, on environmental protection and on the protection of sexual exploitation and abuse.

Priority response

- Strengthen strategic coordination through the humanitarian mechanism of the Government, HCT and clusters at the national and local levels.
- Support high-level engagement, advocacy and communications by the Humanitarian Coordinator with national and local institutions and international community.
- Facilitate assessments, strategic planning, resource mobilization and monitoring. In the process, strengthen needs-based strategic planning, prioritization, localization, cash coordination, accountability to affected people, integration of resilience and environmental issues in humanitarian programming, monitoring and accountability.
- Provide information management services to the government and humanitarian community to inform coordination, decision-making and advocacy.
- Ensure transparency by providing an ongoing and strategic communication of humanitarian response activities and their impact on the ground.
- Advocate principled humanitarian action and protection of affected people, ensured through concrete and accessible prevention and response measures to SEA and GBV.
- Support humanitarian civil-military coordination in Manila and humanitarian hubs to facilitate dialogue with the military actors and the use of military assets in support of relief operations.
- Enhance collective mechanisms to improve two-way communications between the humanitarian community and the affected people and advocate programme changes where relevant (as expressed by affected communities).
- By providing technical support on gender equality programming and approaches, promote gender-sensitive programming to ensure the distinct needs of women, girls, boys and men of all ages and background are taken into account in the response.
- Ensure safe and accessible reporting channels of SEA cases and strengthen PSEA Network activities on prevention and response.
- Advocate with the Government and cluster partners to enhance the analysis of context affecting vulnerability, including gender, age, disability, displacement, environmental risks, and implement mitigation measures.

- Strengthen cash coordination and ensure cash interventions where feasible to give affected

people greater choice and help restore local markets.

Contact

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HCT Lead: OCHA, Manja Vidic (vidic@un.org)

Private Sector

PEOPLE TARGETED

1.1M

TARGET AREAS

Cebu, Bohol, Dinagat Islands, Siargao, Surigao del Norte, Negros Occidental, Palawan

The Private Sector is integrated in coordination, planning and response activities of the HCT. It is self-reliant in terms of resource mobilization and hence not included in total financial requirements under this HCT response plan. The Philippine Disaster Resilience Foundation (PDRF), an observer to the HCT, also contributes to information products by reporting on 3W and funding flows.

Objectives

The overall objective is to offer critical support in immediate disaster response and assess the Typhoon's economic impact that will contribute to the transition and development of the community's early recovery. The following are the key areas where the PDRF Network is engaged:

- Finance: Conduct fund raising activities to support the PDRF Emergency Operations Center (EOC) operations. Provide cash-based assistance to the affected population of Negros Occidental.
- Food and Non-Food Items (FNFI): Provide food packs, hygiene kits, and shelter repair kits to Typhoon affected areas.
- Information & Communications Technology (ITC): Provide communication support to the affected areas. Restore communication lines in the affected areas.
- Infrastructure: Conduct debris clearing operations in Cebu and Siargao. Set-up a temporary relief center for the affected population in Cebu.
- Logistics: Provide transportation for goods and personnel to the Typhoon Rai affected areas.
- Power, Fuel, and Energy (PFE): Restore power to the affected communities.
- Search and Rescue (SAR) – Medical: Provide search and rescue teams and medical services to the Typhoon affected areas.
- Water: Provide drinking water, Mobile Treatment Plants, and install level-1 water systems in Typhoon-affected areas.

Sector overview (needs and response)

In the aftermath of Typhoon Rai, affected communities were left with damaged houses and critical infrastructure. Communication was severely hit, and the affected areas could not immediately provide information on the extent of the damages. PDRF has coordinated with the ICT Cluster to provide temporary communication and repair the lines in the affected areas.

Damage includes power lines and fuel stations. The PDRF coordinated with the government and the private sector to identify areas where power restoration is needed the most. A team of technicians and linemen were deployed to the priority areas to restore power in affected communities. Fuel became scarce in Cebu and Bohol which resulted a disruption in mobility in the affected areas. PDRF and its partners provided fuel provisions to trucks and boats delivering to ensure its timely delivery.

Damage also includes water sources. The PDRF has coordinated with the government and the private sector to provide drinking water to the affected population.

The damage forced people to evacuation centres, needing food packs and hygiene kits until they repair their houses. Evacuation centres in the affected areas were also damaged. Some relief

efforts are hindered by road closures due to debris. The PDRF has been coordinating with the PDRF Infrastructure cluster for building repair materials and heavy equipment for debris clearing.

Search and rescue teams were needed in the affected areas. The PDRF coordinated with its SAR-Medical cluster for the medical needs of the Typhoon Rai affected areas.

Logistics remains a significant concern in the timely distribution of aid to the affected communities. Majority of the relief items was flown from the National Capital Region due to the limited supplies and operational suppliers in the affected areas. Some areas were hard to reach due to ports being damaged. This resulted to PDRF relying on local partners to support the delivery of goods on the ground. The PDRF EOC has been coordinating with the Logistics cluster for the resource mobilization of the network.

Given the complexity and geographical reach of the impacts of the typhoon, cash-based assistance offers a more versatile help for those affected. The PDRF coordinated with its network for monetary donations for its response efforts and for other cash-based assistance.

Priority response

- Debris clearing
- Restoration of critical infrastructure (ICT, PFE, Water)
- Logistics support to PDRF network and partners (air, sea vessel, and trucking)
- Provision of Hygiene Kits
- Provision of Food and Non-Food Items
- Cash assistance
- Distribution of solar kits and generator sets to areas with limited or intermittent power supply
- Distribution of emergency shelter kits
- Distribution of livelihood starter kits and fishing boats
- Jumpstarting economic activity for MSMEs, Agriculture and Fisheries sector

- Repair of public infrastructure (i.e., rural health centers, evacuation centers)

Planning for early recovery will be done simultaneously as the response-related activities wind down. PDRF will conduct a post-disaster needs assessment to focus three areas: (1) Livelihoods, (2) Water, Sanitation, and Hygiene; and (3) Public Infrastructure.

To jumpstart economic activities, PDRF will be providing sari-sari store start up kits to micro retailers and provide boats to the affected coastal communities. Given the extent of damage by the impact of the typhoon, a great number of the affected population is expected to be displaced.

What happens if we don't respond?

Response

(Intermediate Needs)

Failure to provide intermediate needs such as temporary support to water and power systems can lead to delays and ineffective transition to early recovery. Households would rely heavily on consumable relief goods that would not be sustainable in the long run. Communities would prioritize stabilizing their basic needs before going back to their livelihood.

Early Recovery

(medium-long term consequences)

The biggest consequences to early recovery should we fail to respond would consciously leave behind the most vulnerable. Programs such as resilient housing or public infrastructure ensure that we don't go into the vicious cycle of conducting response every time there is a disaster. Failing to implement programs like these will result to the affected communities to remain prone to future hazards. In terms of economic recovery, delaying any programs or failing to

- Repair and retrofitting of damaged houses

Thus, Water Sanitation and Hygiene (WASH) will remain a challenge even beyond response phase. PDRF will install level 1 water systems in strategic locations to serve as much affected communities as possible. Target areas will be in government-identified transitional sites. Finally, damage to public infrastructure was extensive. PDRF will support in the early recovery phase by providing support for an owner-driven resilient housing program. PDRF will also support repair of critical public infrastructure such as rural health units and community evacuation centers.

implement sustainable programs could be a risk for a protracted reliance to response/aid support.

Debris/Disaster Waste management is not properly implemented

Debris will be uncontrolled and spread out all over affected areas and be an impediment to recovery and reconstruction. Landfills and dumps will be at risk to be overfilled. Hazardous waste and municipal waste will be mixed with debris posing environmental risks and be an obstacle for efficient segregation and recycling of waste

Environmental aspects are not integrated in sectoral response and recovery priorities

Environmental risks will increase and there will be lost opportunities for improvement of environmental conditions, reduction of negative climate impacts, improved energy efficiency, use of nature-based risk reduction solutions, introduction of renewable energy sources and conservation of biodiversity.

Contact

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Philippines

Credit: PDRF. Aboitiz, through Davao Light and Power and Cotabato Light and Power, restored power in affected areas in Visayas

4. Participating organizations

The implementation of the Typhoon Rai Humanitarian Needs and Priorities actions is supported by about 70 operational partners. This includes 23 international NGOs and networks, 10 national NGOs, CSOs and networks, and 14 UN agencies under the umbrella of the Philippines Humanitarian Country Team.

CLUSTER	CLUSTER LEAD, CO-LEADS	PARTICIPATING ORGANIZATIONS	NO.
Camp Coordination and Camp Management	DSWD/DRMB, IOM	United Nations Agencies, International and National Non-Government Organizations, Civil Society Organizations	
Early Recovery	OCD/NEDA, UNDP	UNDP, UN Habitat, FAO, WFP, Plan International, Save the Children, PDRF, OCD, provincial and local government offices, Department of Tourism, Department of Interior and Local Government, local CSOs and academe, other national agencies	10
Education	DepEd, UNICEF/Save the Children	DepEd, ECCD Council, Save the Children, Plan International, UNICEF	5
Emergency Shelter	DSWD/DHSUD, IFRC	Shelter Cluster partners including the Philippine International Non-Government Organization Network (PINGON) members, national and international NGOs, Red Cross Red Crescent Movement, UN agencies, faith-based organizations and the private sector	
Emergency Telecommunications	DICT, WFP	WFP	1
Food Security and Agriculture	DoA/DSWD, FAO/WFP	FAO, WFP, Islamic Relief, World Vision, Save the Children, ADRA, Pilipinas Shell Foundation Inc., Action Against Hunger, Plan International, People in Need	10
Health, including Sexual and Reproductive Health and Mental Health and Psychosocial Service	DOH, WHO	DOH and its concerned Regional Centers of Health Development, OCD and their Regional Offices, DRRMOs and Provincial/City/Municipal Health Offices, UNFPA, UNICEF, WHO, Y-PEER, Pilipinas, WVI, Plan International, FPOP, Save the Children	9

Logistics	OCD, WFP	OCD, DSWD, LGUs, UN agencies (WFP) and other humanitarian partners	1
Nutrition	NNC, UNICEF	UNICEF, WFP, FAO, WHO, Samaritan's Purse, Save the Children Philippines, International Care Ministries, World Vision, Plan International, KMI, Action Against Hunger	11
Protection, including Child Protection and Gender-Based Violence	DSWD/NCPWG/RSCWC, UNHCR/UNICEF/UNFPA	ACCORD, HI, IRDT, CFSI, TKI, UNHCR, UNICEF, UNFPA, PDRRMC, MDRRMC, BDRRMC, PSWDO, MSWDO, DSWD, Kindernothilfe, CFSI, PDRF, Save the Children, Oxfam, Care Philippines, Coalition Against Trafficking in Women-Asia Pacific, Pambansang Kongreso ng Kababaihan sa Kanayunan, Samaritan's Purse Philippines, Plan International, World Vision, Ecoweb	25
Water, Sanitation and Hygiene	DOH, UNICEF	Action Against Hunger, ASDSW, Americares, CARE Philippines, CRS, IMC, Islamic Relief, Oxfam sa Pilipinas, PRC, Plan International, Relief International, Save the Children Philippines, Samaritan's Purse, UNICEF, World Vision, DOH	16
Coordination	OCD, OCHA	ACTED, Action Against Hunger, ADRA, AECID, Australian Embassy, CARE, CFSI, DRRNetPhils, ECHO, Embassy of Japan, FAO, ICRC, IFRC, IOM, OCHA, OXFAM, PDRF, PINGON, PRC, PPERR, Save the Children, UN Civil Society Assembly, UNDP, UNDSS, UNFPA, UN-HABITAT, UNHCR, UNICEF, USAID, WFP, WHO, MHT	31
Private Sector	PDRF	PDRF Network	

5. Activity Costing

Camp Coordination and Camp Management TOTAL: \$9,800,000	
Activity	Cost (USD)
1. Camp Planning/Set-up and Monitoring: 1.1 Capacity building support for Camp Managers 1.2 Setting up of women and child-friendly spaces (W/CFS) 1.3 Setting up of Feedback Mechanism and Referral Pathways/Systems (health, psychosocial, safety, and legal response) 1.4 Provision of Food and Non-Food Items for IDPs inside and outside the evacuation centers (potable water, sleeping kits, hygiene kits, cooking and kitchen counters, WASH facilities, medical kits, modular tents) 1.5 Support and Rollout of the COVID19 Operational Guidelines for CCCM 1.6 Profiling of Internally Displaced Persons thru the IOM Data Tracking Matrix (DTM)	\$7,000,837
2. Camp Care and Maintenance: 2.1 Repair and maintenance work of camp infrastructure and facilities 2.2 Continuous provision of Food and Non-Food Items inside and outside the camps (potable water, sleeping kits/modular tents, solar lamps, cooking areas, hygiene kits) 2.3 Provision of CCCM Kits to Camp Managers 2.4 Maintenance of WASH Facilities (latrines, bathing and laundry facilities, garbage pits) 2.5 Monitoring of WFS and CFS and referral pathways 2.6 Information management support 2.7 Continuous profiling of IDPs thru the IOM DTM	\$2,280,000
3. Staffing for Camp Managers 3.1 Renumeration for Camp Managers supervising active evacuation centers/camps	\$684,000
Early Recovery Total: \$9,000,000	
Activity	Cost (USD)
Support to local governments	\$1,000,000
Boat repair kits	\$600,000
Support to farmers	\$700,000
Support to micro entrepreneurs	\$1,000,000
Debris assessment and management planning	\$200,000
Emergency employment - 10 USD per person day	\$500,000

Repair of community infrastructure – trading centers, tribal halls, livelihood centers	\$4,500,000
Social protection cash transfers targeting the most vulnerable children using the government systems	\$500,000
Education Total: \$3,900,000	
Activity	Cost (USD)
children accessing formal or non-formal education, including early learning	\$3,186,896
teachers and education personnel trained	\$490,750
children with disabilities supported to access learning, including remote/ distance learning and return to school	\$248,975
Emergency Shelter Total: \$30,000,000	
Activity	Cost (USD)
Household items distribution to improve domestic life including distribution of sleeping items, cooking/eating items and safety and security items).	\$3,500,000
Emergency shelter items distribution to improve shelter enclosure, including distribution of tarpaulins and tool kits, shelter repair kit (CGI+lumber+tools), construction labour support, technical assistance on Build back safer, rental support, support of hosted/hosting families and temporary shelter.	\$6,500,000
Settlement improvement through community/neighbourhood interventions including barangays supported by Information, Education and Communication materials, rubble collection / waste disposal programs, construction materials salvaging / recycling programs, market and pilot interventions, technical assistance and improved infrastructure.	\$2,000,000
Shelter recovery activities including transitional shelter support, construction support (materials, fixings, cash for shelter), construction labour support (labour, cash for labour), technical assistance for repair / house and construction of core houses	\$18,000,000
Emergency Telecommunications Total:\$1,000,000	
Activity	Cost (USD)
Emergency Telecoms support	\$1,000,000
Food Security and Agriculture Total: \$47,591,547	
Activity	Cost (USD)

Livelihood support for Coconut farmers and fishers	\$13,711,250
Direct food support (in-kind and cash)	\$33,877,272
Health	
Total: \$14,400,000	
Activity	Cost (USD)
Support to vaccination of key populations	\$918,500
Supporting access of women and children to essential health services	\$1,042,976
IPC training for health workers Provision of IPC equipment to health workers and communities	\$1,180,980
Support to DOH on RHA and HC coordination	\$200,000
Provision of supplies and logistics for service delivery	\$4,000,000
Support to disease surveillance (SPEED)	\$200,000
Support to DOH on COVID-19 response	\$1,307,544
Support to health systems strengthening	\$50,000
Sexual and Reproductive Health: - Support strengthening of disease surveillance in affected areas - Provision of tents to set up temporary facilities for healthcare services - Provision of modular tents for use in health facilities and evacuation centres to maintain physical distancing requirements for infection and prevention control for COVID-19 - Mental and psychosocial health (MHPSS) – psychological first aid (PFA) - Risk communication and community engagement - Supplies and logistics, including the immediate dispatch of essential health commodities including emergency health kits and acute watery diarrhoea kits - Support conduct of supplemental and catch-up immunization for children - Support to the community and mobile health services delivery points for management of common illnesses such as diarrhea, respiratory infections, injuries, malnutrition (human resources augmentation, filling critical supply gaps etc) - Provide PPE for health workers and communities to support adherence to minimum public health standards for COVID-19 - IPC training/strengthening for health workers in the context of COVID-19 (SRH) - Emergency hiring of Human Resources for Health and GBV Services for integrated life-saving health and protection services as well as immediate provision of personnel protective equipment given rising cases of COVID-19 - Repair of infrastructure and provision of SRH equipment, medicines and commodities to enable health facilities to provide SRH services.	\$4,000,000

<ul style="list-style-type: none"> - Provide Emergency Maternity Facility Tents and/or Women's Health on Wheels, for safe deliveries and transport support for referrals - Support basic and emergency obstetric care (BEmONC) services through Reproductive Health kits - Support the integrated Reproductive Health Medical Missions (RHMMs) in areas with non-functioning health facilities and in geographically isolated and disadvantaged areas (GIDA) - Provide hygiene kits and maternity packs with SRH and COVID-19 risk mitigation information - Provide cash and voucher assistance (CVA) to the internally displaced pregnant and postpartum women and young girls availing maternal health services - Provision of Youth Grants / Cash for Work and mental health and psychosocial support services for adolescents at risk for pregnancy, Gender-based violence, STI/HIV 	
<p>SRH immediate interventions: Coordination of health sector, including activation of regional and provincial SRH subclusters; (SRH) Provide Emergency Maternity Facility Tents for safe deliveries; (SRH) Support basic and emergency obstetric care (BEmONC) through Reproductive Health kit</p> <ul style="list-style-type: none"> • (SRH) Support the integrated Reproductive Health Medical Missions (RHMMs) in areas with non-functioning health facilities and in geographically isolated and disadvantaged (GIDA) ; (SRH) Provide hygiene kits and maternity packs with SRH and COVID19 risk mitigation information; (SRH) Provide adolescent go bags with essential items with SRH and COVID-19 risk mitigation information • (SRH) Provide cash and voucher assistance (CVA) to the internally displaced pregnant and postpartum women and young girls availing maternal health services and cash for education to internally displaced adolescents and young people continuing access to informal and formal education 	\$4,000,000
<p>Logistics Total: \$5,000,000</p>	
<p>Activity</p>	<p>Cost (USD)</p>
<p>Logistics hubs, trucking and technical support</p>	<p>\$5,000,000</p>
<p>Nutrition Total: \$4,446,231</p>	
<p>Activity</p>	<p>Cost (USD)</p>
<p>Treatment of 2,700 children 6-59 months with SAM</p>	<p>\$324,000</p>
<p>Treatment of 9,350 children aged 6-59 months with MAM</p>	<p>\$561,000</p>
<p>Screening 133,800 children 0-59 months to identify and treat malnutrition</p>	<p>\$1,288,556</p>
<p>54, 807 primary caregivers provided with infant and young child feeding counselling</p>	<p>\$137,020</p>

Training of 1000 nutrition workers, and augmentation of nutrition human resource	\$250,000
Technical support on nutrition cluster coordination and information management	\$327,000
Provision of micronutrient supplementation (Vitamin A and micronutrient powders) for 128,700 children 6-59 months	\$482,625
Provision of micronutrient supplementation (Vitamin A and micronutrient powders) for 128,700 children 6-59 months	\$390,450
Provision of vegetable and fruits for home kitchen gardens for households with children 6-59 months old, establishment of food banks, and support to households to improve diversity of diets of young children using fresh foods	\$500,000
Protection – General Protection Total: \$2,130,00	
Activity	Cost (USD)
General Protection	\$2,130,00
Protection – Child Protection Total: \$2,323,500	
Activity	Cost (USD)
children accessing MHPSS services including in CFS with HPD and supplies for CFS	\$1,476,000
boys, girls and women accessing violence mitigation, prevention and response activities, including for GBV, which includes support to women and child protection help desks and in CFS through HPD's and capacity building of gov and partners on VAC, GBV mitigation, prevention and response.	\$260,000
people with safe reporting channels for PSEA	\$87,500
children accessing individual case management for children	\$500,000
Protection – GBV Total: \$8,730,500	
Activity	Cost (USD)
Emergency hiring and deployment of Human Resources for Health and GBV Services for integrated life-saving health and protection services and provision of personnel protective equipment given rising cases of COVID-19	\$250,000
Capacity Building of Service Providers and volunteer Women's Friendly Space (WFS) Facilitators on Survivor-centred Approach to Addressing Gender-based Violence; Provision of WFS tents, dignity kits, solar radios and solar lamps for areas with continued power outages; Cash for Work for WFS facilitators, and provision of mental health and psychosocial support services (MHPSS) to affected communities	\$1,980,500

Repair of infrastructure and provision of equipment to enable health and protection facilities such as Women and Children Protection Units in hospitals to provide comprehensive SRH and GBV services, and GBV shelters	\$250,000
Reactivation of Local Protection Mechanisms and update and dissemination of referral pathways	\$250,000
<p>GBV Coordination:</p> <ul style="list-style-type: none"> • Activate Regional GBV Sub-cluster to coordinate GBV life-saving responses and leverage resources from various stakeholders. • Establish PSEA Referral and Reporting Mechanisms and PSEA awareness-raising in affected communities to prevent SEA by humanitarian workers. • Establish minimum GBV referral pathway (where non exists) and strengthen existing GBV referral mechanisms, and disseminate referral information, to ensure access of GBV survivors to lifesaving multi-sectoral services • Conduct GBV Safety Audit in Evacuation Center to ensure safety and protection of women, girls, persons with disabilities and other vulnerable population, and conduct of Rapid Gender Needs Assessment to highlight the unique needs of women and girls to inform emergency programming. 	\$6,000,000
<p>GBV Prevention:</p> <ul style="list-style-type: none"> • Deploy and organize community-based mobile GBV Watch Groups to serve as entry points for GBV reporting, conduct awareness-raising sessions and provide PSS interventions in evacuation centres and communities affected. • Support women and youth-led innovative solutions through small grants to address multi-sectoral needs on GBV response 	
<p>GBV Response:</p> <ul style="list-style-type: none"> • Establish safe spaces (WFS) for women and girls to mitigate the risk of GBV and provide multi-sectoral GBV response services and supplies, including dignity kits/hygiene kits. • Ensure the functionality and availability of supplies and human resources of Women and Children Protection Units for provision of multi-sectoral GBV response services. • Cash and voucher assistance for lifesaving assistance to GBV survivors to enable access to multi-sectoral response services. 	
<p>Water, Sanitation and Hygiene Total: \$ 29,965,185</p>	
Activity	Cost (USD)
Cluster leadership and coordination	\$300,000
Water supply	\$4,731,653
Sanitation	\$10,727,040
Hygiene promotion and RCCE	\$6,465,200
WASH in health care facilities (HCF) and learning centres	\$2,911,930
Direct implementation support cost to NGO implementing partners	\$4,129,363

6. How to contribute

Donating through the Philippines Typhoon Rai Humanitarian Needs and Priorities

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. Public and private sector donors are invited to contribute cash directly to aid organizations participating in the Humanitarian Needs and Priorities framework. To get the latest updates and donate directly to organizations participating in the response, please visit:

<https://www.humanitarianresponse.info/en/operations/philippines>

Contributing through the Central Emergency Fund

The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website at:

<https://unocha.org/cerf/donate>

By donating in-kind resources and services

The UN Secretary-General encourages the private sector to align response efforts with the United Nations in order to ensure coherent priorities and to minimize gaps and duplication. To make an in-kind donation of goods or services visit www.business.un.org. Contributions must comply with the Guidelines on Cooperation between the UN and the Business Sector. The United Nations enters into pro-bono agreements with companies planning to provide direct assets or services during emergencies. Contact ocha-ers-ps@un.org to discuss the ways in which your company might partner with the UN.

Individuals can donate online via the United Nations Foundation:

<https://unfoundation.org>

Registering and recognizing your contributions

We thank you in advance for your generosity in responding to this urgent request for support. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at:

<https://fts.unocha.org>

About

This document is consolidated by OCHA on behalf of the Philippines Humanitarian Country Team (HCT) and humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform strategic response planning.

The HCT, under the leadership of the Humanitarian Coordinator, ensures that humanitarian action by its members is well coordinated, principled, timely, effective and efficient. The HCT acts in support of and in coordination with national and local authorities with the objective to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, livelihoods and dignity of people in need. The HCT members include Humanitarian Coordinator – Chair, FAO, IOM, OCHA, UNDP, UNFPA, UN-HABITAT, UNHCR, UNICEF, WFP,

WHO, Save the Children (co-lead for Education Cluster), Action Against Hunger, ACTED, ADRA (PINGON co-convenor), CARE, Oxfam (PINGON convenor), Disaster Risk Reduction Network Philippines, Philippine Partnership for Emergency Response and Resilience, UN Civil Society Assembly. Observers include UN Resident Coordinator Office, UNDSS, International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies, Philippine Red Cross, Embassy of Australia, ECHO, Embassy of Japan, Spain/AECID, USAID and PDRF.

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